HIV RISK BEHAVIOUR SURVEILLANCE SURVEY IN TAMILNADU WAVE VII

APAC project is administered by Voluntary Health Services, Chennai with financial assistance from United States Agency for International Development under bilateral agreement with the Government of India.

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ABBREVIATIONS

USAID	**United States Agency for International Development**
VHS	**Voluntary Health Services**
APAC	**AIDS Prevention and Control Project**
VCT	**Voluntary counseling and testing for HIV**
STD	**Sexually Transmitted Diseases**
HIV	**Human Immuno Deficiency Virus**
AIDS	**Acquired Immuno Deficiency Syndrome**
BSS	**Behavior Surveillance Survey**
CSW	**Commercial Sex Workers**
TH	**Truckers and Helpers**
MFW	**Male Factory Workers**
FFW	**Female Factory Workers**
MYS	**Male Youth in Slums**
MSM	**Men who have sex with Men**
IDU	**Injecting Drug Users**

FOREWORD

The AIDS Prevention and Control Project (APAC) has conducted seven waves of HIV Risk Behavior Surveillance Survey in Tamil Nadu. The survey has helped to track trends in behavior among the various population groups addressed by intervention. The seventh wave in Tamil Nadu was conducted during October -December 2002.

In addition to the quantitative information and qualitative information, which are collected in the survey, APAC has collected observed data on behavior in Commercial Sex Workers. The finding of the survey has helped APAC to understand the trends in sexual behavior among the vulnerable population groups. These trends have helped to assess the impact of the intervention by the NGOs.

Behavior information is a sensitive indicator to understand the effectiveness of prevention intervention. The information obtained in the BSS has helped APAC to strengthen intervention programs and to identify new vulnerable groups for intervention.

We are glad to share the findings of the survey with various stakeholders involved in prevention of HIV/AIDS in Tamil Nadu and in India. I congratulate APAC and the research organization SRI-IMRB for executing the survey. I thank all the experts who have given their technical expertise to the survey, Dr. Dora Warren, CDC and Dr.Sanjay Kapur, USAID and Mr. S. Ramasundaram, I.A.S., Joint Secretary, Commerce, Government of India.

I like to place on record the technical expertise and administrative support provided by Dr. Bimal Charles, Project Director, APAC. Dr. R. Lakshmibai, Senior Program Manager-APAC, was responsible for managing this survey, provided technical support and documented the technical report of the Behavior Surveillance Survey. We are grateful for her contribution. I hope this monograph will be a valuable document for program implementers.

Dr.N.S.Murali

Hon Secretary

Voluntary Health Services

EXECUTIVE SUMMARY

HIV Risk Behavior Surveillance Survey in Tamil Nadu Wave VII

Background

The AIDS Prevention and Control Project (APAC) has conducted Behavior Surveillance Survey (BSS) every year beginning in 1996.The BSS collects quantitative information on 16 indicators as well as qualitative information to explain the trends. This report summarizes the methods and the key findings of the survey which was carried out by SRI-IMRB from October 2002 to December 2002. Funding for the project was provided by the United states Agency for International Development (USAID).

Methodology

Confidential face to face interviews were carried out with 5860 individuals in 13 towns in Tamil Nadu. Methods used were similar to the 6 previous rounds of BSS. Groups included in the survey were Commercial Sex Workers (CSW), Truckers and Helpers (TH), Male Youth in Slums (MYS), Injecting Drug Users (IDU), Male and Female Factory Workers (MFW & FFW),and Men who have sex with Men (MSM). Following completion of the survey 36 focus group discussions and a mystery client survey were carried out.

Results

Trends in knowledge and behavior appear to have stabilized in many of the groups surveyed. All groups had high levels of awareness, but an increased proportion also had misconceptions about HIV/AIDS. This may be because variety of messages, the communities are exposed to on care and treatment for HIV, magical remedies, and hygiene practices to avoid genital infections. The salient findings from each group are presented :

Commercial Sex Workers (CSW)

Reported condom use with their clients in the last sexual intercourse increased from 56 percent to 88 percent. With regular clients the condom usage increased from 51.5 percent to 87 percent. However condom usage with live-in partners remains low at 23.3 percent.

Mystery clients observed that 78 percent of the CSW insisted on using condoms. When client refused to use condom 68 percent re negotiated condom use, 19 percent refused to have sex and 19 percent negotiated higher prices for sex. Almost 64 percent of the CSW reported that they had purchased condoms compared to 12 percent in 2001.

Truckers and Helpers (TH)

The percentage of Truckers and helpers who reported non regular sex decreased from 48 percent to 27 percent in 2002, with little change between 1999 to 2002.Fewer truckers reported paid sex, decreasing from 38 percent in 1996 to 21.2 percent. But in the last year it has increased from 17.2 percent to 21.2 percent. Reported sex with a casual partner also decreased from 16.4 percent to 8.5 percent in 2002.

Condom usage in the last sex with a non-regular partner has increased from 44 percent in 1996 to 73.7 percent in 2002. However reported condom use decreased from 78 to 73.7 percent in the last year. 91.5 percent of Truckers reported they had used condoms in the last sex, a decrease of 3 percent from the previous year. Only 36.6 percent reported suing condom with a casual partner.

Male Youth in slums (MYS)

The proportion of Male Youth in Slums (MYS) who reported having paid or casual sex did not change from the previous year (17 percent). However the percentage reporting paid sex decreased from 11 to 6 percent, while a higher proportion,11 percent reported casual sex compared to the previous year 9.7 percent. Although condom use with

paid sex increased from 58.4 percent in 2001 to 82 percent, in 2002 condom use with casual partner has decreased from 27.3 to 15.6 percent.

Male Factory Workers (MFW)

The Male Factory Workers (MFW) who reported in non-regular sex remains stable at 12 percent. Among those MFW, who reported non-regular sex, 7 percent reported paid sex while 4.2 percent reported casual sex. Condom use with non-regular partners increased from 17 percent in 1996 to 45 percent in 2002.However, most of the increase was with paid partners (28 to 88 percent) compared to casual partners(13 to 22 percent).

Baseline Measures

Men who have sex with Men (MSM)

The 35 percent of men who had sex with Men (MSM) reported they also had female partners. Condom usage with female non-regular partners was 77 percent. Most MSM (70.5 percent) reported penetrative sex, with only 36 percent having used condoms at the last anal sex. Among the interviewed 58 percent reported having a regular partner, 40 percent had paid partner and 49 percent had casual partners. Condom use was highest with paid partners (79.5 percent) and lowest with casual (42 percent) and regular sexual partner (36 percent)

Male Injecting Drug Users (IDU)

Injecting Drug Users(IDU) are also prone to HIV infection as they involve in high risk sexual behavior.32 percent of them reported of involving in non regular sex and only 55 percent of them have used condoms in their last sex with a non regular partner. Few of them have suffered from Urethritis in the last year (4.4 percent) and among them only few have got treated from allopathic health care provider (6.7 percent).

They have the practice of cleaning needles with water which may be cold or boiled or distilled water. Sometimes they use cotton swaps to clean the syringe/needle.48.5 percent of them cleaned their syringes every time. Among them 51.2 percent cleaned with cold water,37.2 percent with hot water,8.4 percent with boiling water and 2.4 percent cleaned with alcohol.

Although 94 percent of the IDUs reported that they could purchase sterile needles, half (50.8 percent) of the IDUs interviewed reported having frequently shared drug from common solution, 65.6 percent sharing the needles/syringes in the last month. 39.3 percent reported sometime and only 10 percent reported that they have not shared the drug solution. 48 percent of the IDUs have the practice of cleaning the needles. Various cleaning practice is adopted by them, 37.2 percent cleaned with cold water, 59.6 percent with boiling water, 2.4 percent with alcohol.

INTRODUCTION

The AIDS Prevention and Control (APAC) Project has been implementing HIV/AIDS prevention programs in Tamil Nadu since 1996, with financial support from the United States Agency International Development (USAID). The main goal of the project is to reduce the sexual transmission of HIV/AIDS. APAC project has completed seven years of implementation.

Interventions are carried out with vulnerable groups including CSWs and their client population groups such as Truckers/Helpers, youth in slums and men and women in slums, Tourist and Industrial workers. APAC provides technical support to build the capacity of the NGOs to implement the targeted interventions and has program to improve the quality of STD care and treatment and condom supply in the intervention areas.

The NGO programs to empower vulnerable population groups to gain right knowledge on the prevention of the disease, reinforces safe sexual practice and increase health-seeking behavior. NGO support organizations helps to build the capacity of the NGOs to address the various population groups like training in counseling skills, training of Trainers for peer educators, training doctors to give quality STD services, training to conduct folk media programs, etc. In short the prevention program creates demand for service and enables environment to give the required services. Research studies conducted by APAC help to monitor and strengthen the intervention programs.

APAC regularly monitors the performance of the NGOs through various methods including, regular reporting, consultants' visits. In addition

APAC conducts studies to evaluate and monitor and inform the intervention efforts. The HIV Risk Behavior Surveillance Survey (BSS) is conducted every year by APAC. The first BSS survey was conducted in 1996.

In Tamil Nadu the government conducts HIV sentinel surveillance to determine and track trends of HIV prevalence in specific population groups such as STD patients and Antenatal mothers. In recent years MSM and IDU were also included. The BSS is a useful tool to track behavior change and identify new groups and the sub groups whose behavior makes them vulnerable to HIV infection. Behavioral information and the biological information help us to understand the status of the epidemic in the target area.

The BSS has helped APAC to track the behavior change and to strengthen the intervention program. It has captured the behavior dynamics of specific population groups and the levels of the risk behaviors in them. In addition the BSS has helped APAC to explain the changing trends. Information from the survey has helped APAC to focus on key issues, which will strengthen the existing intervention program. This report documents the findings of the seventh wave of the BSS in Tamil Nadu.

METHODOLOGY

The BSS uses methods that are similar to those used for epidemiological surveillance. The methods for data collection were similar in all the waves of BSS. 5860 Confidential face-to-face interviews were conducted, followed by focus group discussion to explore the results obtained in the interviews. In addition, trained mystery clients observed

the condom use behavior of CSW. The implemented process is outlined in Figure 1.

The survey was conducted in the same population groups and sample towns as previous surveys. Additional groups were included in the survey when prevention programs were expanded. Indicators and supporting information were included in the 2002 survey (Table 1). Survey questions were kept constant from year to year. Additional indicators were added when it was found essential that the program needed more information. The questionnaire was strengthened every year and pre-tested.

Primary Objectives

The main objective of the Behavior Surveillance Survey is to obtain trends in behavior among specific population groups.

Indicators Measured

The indicators in the survey are presented in Table 1, below:

Table 1: Indicators of BSS

Knowledge Indicators

- Proportion of respondents who cite two acceptable ways of preventing sexually transmitted diseases (STDs)
- Proportion of respondents who report that condoms prevent STDs
- Proportion of respondents who cite two acceptable ways of preventing HIV/AIDS
- Proportion of respondents who report that condoms prevent HIV/AIDS

Behavioral Indicator

- Proportion of respondents who reported condom use during the last sexual intercourse with a non-regular partner in the last year.

Prevalence of STD/STI symptoms and Health seeking indicators

- Proportion of respondents who reported symptoms of vaginal discharge and ulcer during the last year
- Proportion of respondents who sought treatment from Qualified medical practitioners for STD/STI in the last year.

Perception of risk

- Proportion of respondents with risk behavior who perceive that they are at the risk of contracting HIV/AIDS

Voluntary HIV testing

- Proportion of respondents who have ever sought voluntary testing of HIVIntervention Exposure Indicators

Intervention Exposure Indicators

- Proportion of respondents who reported individual education on HIV/AIDS in the last year

Injecting Behaviour Indicators

- Proportion of male injecting drug users who have shared needles in the last injection.
- Proportion of male injecting drug users who have access to sterile needles / syringes when they injected in the last month.

The other additional information which BSS obtained include

- Socio- demographic characteristics
- Age at first sex
- Misconceptions about the prevention and transmission of the diseases
- Sources of awareness about HIV/AIDS
- Condom use with different types of partner
- Reasons for using and not using condoms
- Reasons for perceiving risk / Lack of risk perception
- Condom negotiation practice / condom procurement

Population Groups

A total of 5860 individuals were interviewed including the population groups, Truckers and helpers (TH)(800),Commercial Sex Workers (CSW) (400),Male Factory workers(MFW) (1860), Female Factory Workers (FFW) (1600) Male Youth in Slums (MYS) (700)Injecting drug users (IDU) (250),Men who have sex with Men (MSM) (250)

Table 2 : Population groups studied

Female Commercial Sex Workers (CSW)

Women engaged in sex, for all full time or part time, as means of living during the past three months.

Truckers and Helpers (TH)

Men driving trucks or assisting drivers along the transport routes.

Male Factory Workers (MFW)

Men aged 18 to 35 years, working for three months in factories, which employ 10 more persons. This factory should be functioning for more than 12 months.

Female Factory Workers (FFW)

Women aged 18 to 35 years, working for the past three months in factories, employing 10 or more persons. This factory should be functioning for more than 12 months.

Male Youth in Slums (MYS*)

Unmarried men, 15 to 24 years of age who live in slums

Men having Sex with Men (MSM*)

Men, 15 to 45 years of age, who had sex with men in the last 6 months.

Male Injecting Drug Users (IDU*)

Men, 15 to 30 years of age, who injected illicit drugs in the past three months.

* added in 2001

Sampling Universe and Sampling Towns

The 12 sample towns for the surveillance exercise were selected randomly from the cluster towns where APAC has interventions and remained constant for all the waves of BSS.

The sample size and the number of interviews per sample site were predetermined for all the population groups. The sample size was calculated based on two key study indicators

Proportion of respondents who would have involved in non-regular sex in the last year and among them proportion who used condoms in their sexual intercourse. The formula to estimate the difference in two proportions and to capture 10 percent behavior change was used to calculate the sample size,(Refer to baseline APAC BSS report 1996) the sample size was spread across the sample towns using population proportion to size method. (Table 3)

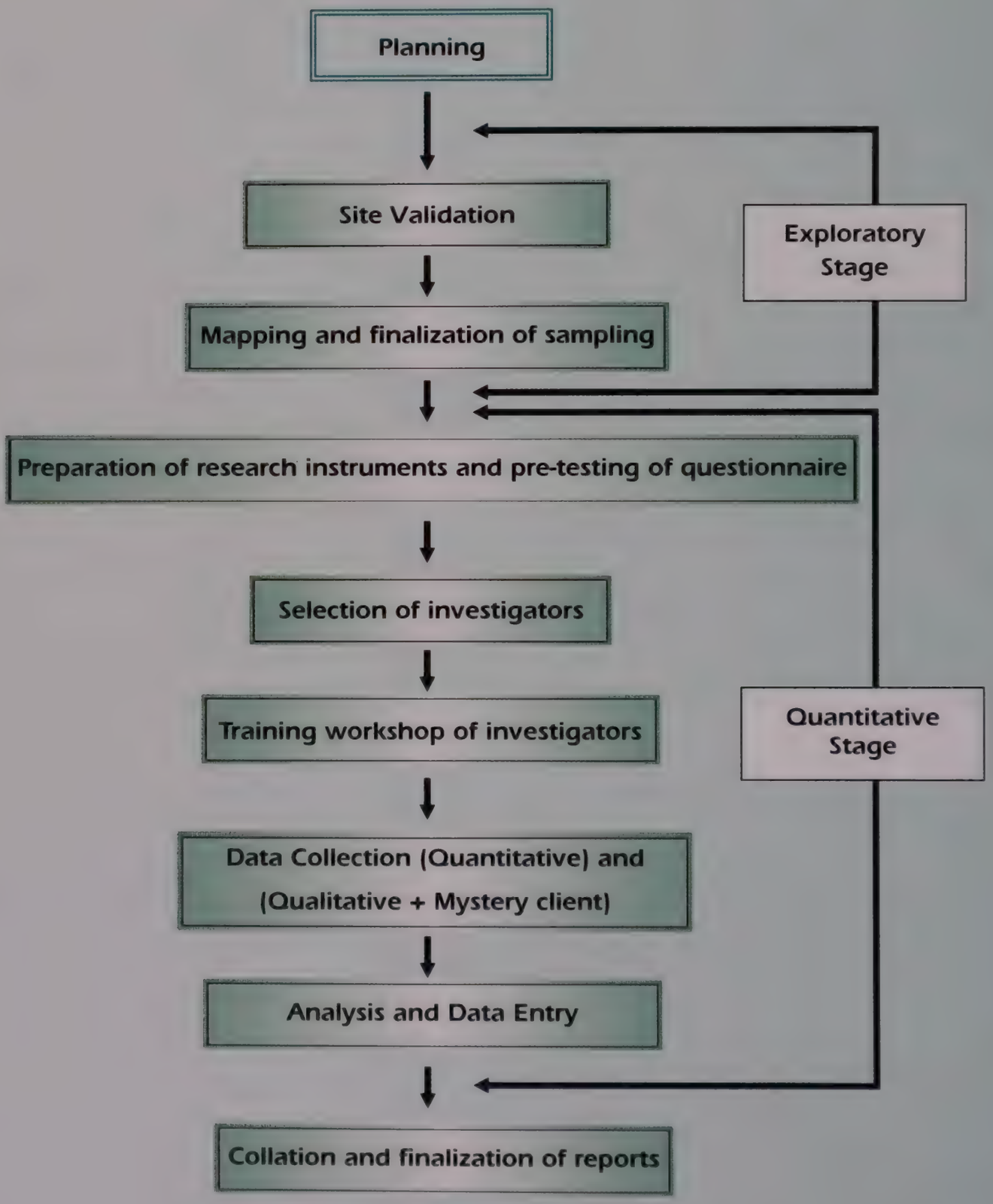
The sampling frame for all the population groups was constructed after mapping/ listing/ traffic census exercise. Principles of the anthropological tool ethnography were used along with Delphi technique. The mapping/ listing exercise was repeated annually for hard to reach population groups like CSW, MYS ,IDU and MSM . Target communities were involved in the exercise and site wise estimation was conducted.

Towns	CSW	TH	MFW	FFW	MYS	IDU	MSM	Total
Chennai	180	400	900	700	500	150	150	2980
Coimbatore			450	300				750
Madurai	100	150	300	300	100	100	100	1150
Salem	60	100	60					220
Vellore		75						75
Erode			75	150				225
Nagerkoil								
Dindigul		75	75	150				300
Palani	60							60
Thiruchirapalli	50				50			100
Tuticorin	50				50			100
Total	400	800	1860	1600	700	250	250	5860

In total 5860 interviews were conducted in Tamil Nadu.

(1) Exploratory Stage (2) Detailed Quantitative Stage

Figure 1. Stages of execution of the study.


Planning
Site Validation
Mapping and finalization of sampling
Exploratory Stage
Preparation of research instruments and pre-testing of questionnaire
Selection of investigators
Training workshop of investigators
Quantitative Stage
Data Collection (Quantitative) and (Qualitative + Mystery client)
Analysis and Data Entry
Collation and finalization of reports

Training of interviewers, Data collection and quality control measures

A total of 76 interviewers and 19 supervisors were involved in the survey. In all the waves of BSS, training of the field investigators was a major component of the survey. As in the earlier surveys classroom training as well as field mock calls was carried out. Separate trainings were conducted for the mapping exercise, and for mystery client data collection. The field executives and the research executives were also trained. Final selection of interviewers was carried out after training and field observations.

The field investigators training program focused on the need for Behavior data, sensitization on sex and sexuality, orientation of STD/HIV/AIDS, ethics/informed consent involved in data collection, communication/ interviewing skills, ethnographic background of different vulnerable population groups, dress codes in the field and skills for approaching the target respondents. In addition, the questionnaire for the various population groups was standardized among the individual teams which conducted the interviews.

The mapping of CSW,IDU,MYS and MSM, was conducted by the senior field executives.

The field investigators were divided into teams to conduct interviews. Data collection started in all the towns simultaneously in Tamil Nadu and it was completed in 60 days. The research and the field executives of IMRB and APAC senior program manager monitored the data collection through accompanied calls, and reviewing completed questionnaires.

The senior field executives and the research executives were responsible for selecting the respondents for interview. The field investigators explained the nature and purpose of the study, and obtained consent from the interviewer. Interviews failed the required quality standards

were replaced with new interviews in the cluster. The data was entered into preset standardized electronic format (FOX PRO). Test of significance (t- test) and trend analysis were carried out using SPSS.

Interviews were conducted in privacy and with a non-coercive manner. No personal information was collected.

Qualitative data collection

APAC collects qualitative data after the interviews. The data has helped APAC to explain the trends obtained in the quantitative data. In the last wave in addition to the Focus Group Discussion APAC used mystery clients to understand the condom negotiation practices among CSW to validate the trends obtained and to get additional information to strengthen the intervention.

Focus Groups Discussions

36 Focus groups discussions were conducted with 10 population groups (Table 4) studied. The FGDs were carried out in the sample towns after completion of the face to face interviews.

Table 4 Focus Group Discussions, BSS - 2002

Sub-group	Number of FGDs
Truckers and Helpers	4
Commercial Sex workers	4
High way sex workers	3
Male youth in slums	4
Male Factory workers	3
Female Factory workers	3
Injecting Drug users	3
Men who are involved in sex with men	4
Peer educators of Truckers and Helpers	4
Peer educators of CSW	4
Total	**36**

The discussions were carried out by APAC using a pre determined discussion guide. The discussion was recorded and transcribed. The contents of the discussion were analyzed and top line information was generated.

Mystery client observation

The mystery client observation was conducted after the interviews. This data collection involves observation of safe sex practice by a trained investigator posing as a client of sex worker.

Prior to initiating the study, discussions were held with CSW and peer educators of CSW from the areas where the study was to be done to get their input and consent. The discussion helped to understand the challenges the mystery client might encounter while posing as a client, and also to identify potential solutions. This exercise helped to understand the training needs of the investigators. The local police were kept informed about this exercise.

Four investigators were selected carefully and received in-debth training to conduct observations. The importance of collecting this information and the ethics involved in social research were stressed during the training. The ethical code of conduct /dress code was given to the investigators in writing.

Following observations and interactions with CSWs, the investigators reimbursed CSWs for the time spent. However he was advised not to get involved in sex. Following the observation the investigators immediately documented their observations.

40 observations were conducted. Information collected in the 40 observations are listed

- Place of solicitation and place for having sex
- CSW stressing on condom use while soliciting
- CSW stressing on condoms after fixing up the rate

- CSW stressing on condom after reaching the place for having sex
- CSW handing over condom before sex without talking about it
    - When the investigator refused condom use, CSW refused to have sex
    - When the investigator refused condom use and negotiated for more money, CSW agreed for unsafe sex
    - When the investigator refused condom use she negotiated for non penetrative sex
- CSW not stressing on condom use
- CSW refusing to use condom when the investigator proposed to use condom
- CSW carrying condoms with her
- CSW procuring condoms if she did not carry (Through room boys, pimps, etc)
- CSW asking investigator to buy condoms

The findings from the mystery client observation are collated with the findings of the reported data and presented in this report.

CURRENT TRENDS IN BSS INDICATORS TAMIL NADU

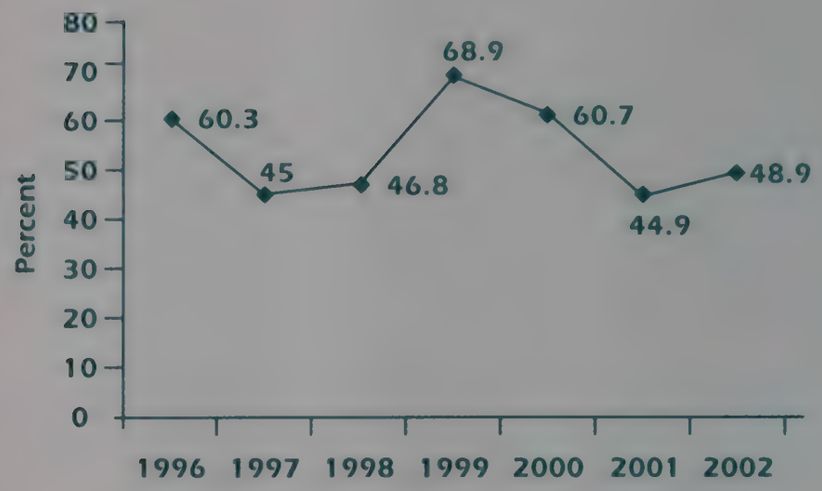
Commercial Sex Workers

APAC implements HIV/AIDS prevention programs among Commercial Sex Workers in pre - selected geographical locations in the Tamil Nadu. These locations, which were identified during the mapping exercise, carried out in 1998 have higher numbers of sex workers compared to other areas in Tamil Nadu. The prevention projects are titled as "STD/HIV/AIDS Prevention among Women in Prostitution" (WIP) (n=6) and "STD/HIV/AIDS prevention program among Tourists and women in Prostitution" (TWIP) (n=6) The main objectives of the projects are to increase knowledge about HIV/AIDS among the sex workers to empower them to change risky behaviors. In addition, APAC supports programs to improve the quality of STI diagnosis and treatment and to improve condom supply in the areas where the interventions have been carried out.

Socio demographic profile of CSW

A total of 400 CSWs were interviewed in 4 study sites for the BSS. The socio demographic characteristics of CSWs were similar in all the waves of BSS. In the seventh wave the mean age of the CSWs was 31.7 years.44.6 percent were married and living with husband; 28.1 percent were married and not living with their husband and 14.8 percent of them were widow one fourth of them (24.8) percent were illiterate.

Figure - 2 Proportion of CSW in sex trade full time



Almost half, 48.9 percent, reported that they were full time sex workers. The part time sex workers reported that they were vegetables/fruits/flower sellers, construction workers, agricultural laborers/coolies and house maids.(Figure 2)

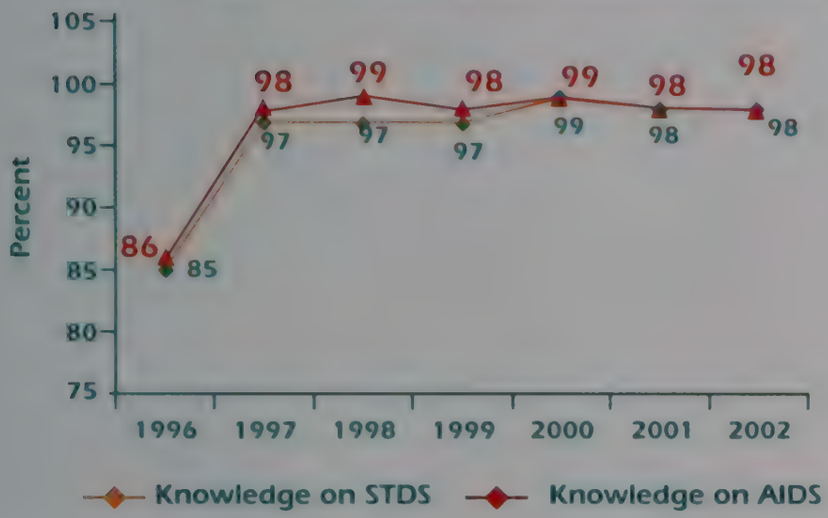
Figure - 3 Mean number of working days in a month - CSW

The mean number of days of sex trade in a month of CSWs has continued to decrease to 12 days in a month 1 -30 (Figure 3) The mean number of clients remains same at 2.8.

Knowledge Indicators

Knowledge about preventing STDs / AIDS

Figure 4 Knowledge about prevention of STD & AIDS

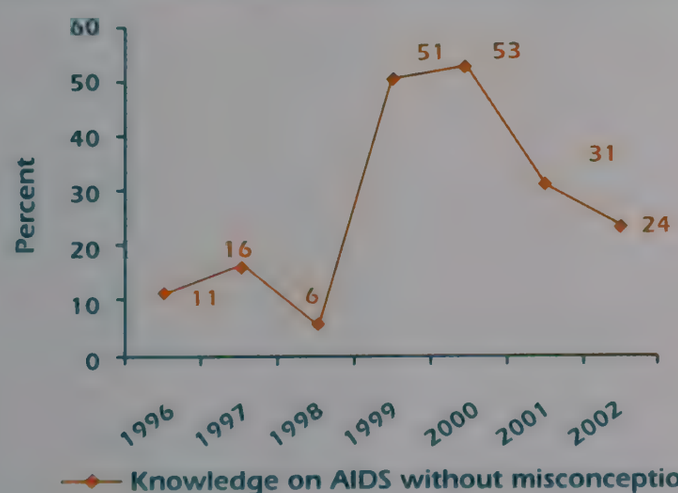


Knowledge of at least two ways of preventing STDs and AIDS remains high at 98 percent. (Figure 4)

98 percent reported that condom use could prevent STDs and HIV.

Knowledge about preventing HIV/AIDS without misconception

Figure 5 Knowledge about prevention of AIDS without misconceptions



However, only 24 percent did not have misconceptions. Knowledge without misconception has decreased from 53 percent in the year 2000 to 24 percent in 2002 (Figure 5). Focus group discussions with CSW who reported unsafe sex revealed an association between the increased misconception and decreased perception of risk.

Some of their misconceptions reported during focus group discussions were:

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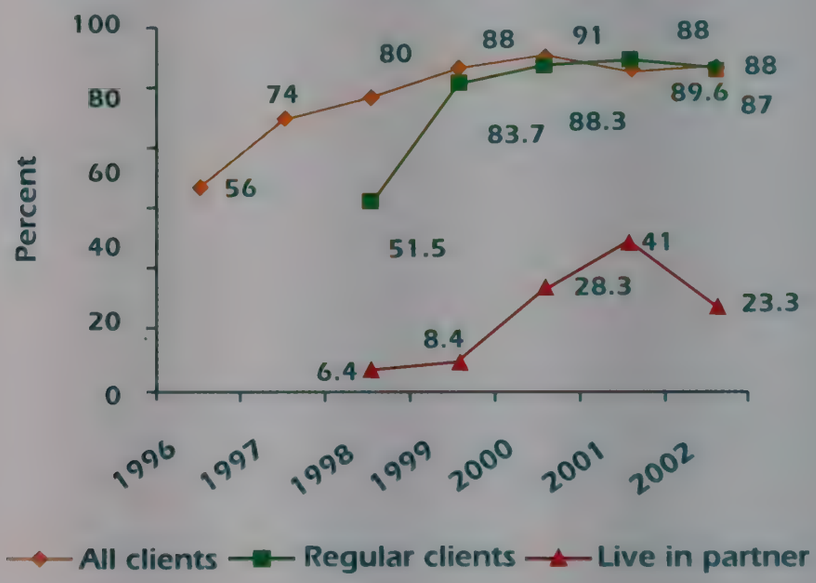
Misconceptions on prevention/transmission of HIV/AIDS

- "Healthy people do not get infected by HIV/AIDS"
- "If one has sex with just a few people they will not get AIDS or STDs"
- "It is possible to identify the people infected with HIV/AIDS because they will look very weak"
- "Using herbal solutions like neem oil helps to decrease transmission of the disease"

Behavioral Indicators

Condom use during sexual intercourse with a non-regular partner

Figure 6 Condom Usage by type of partners - CSW

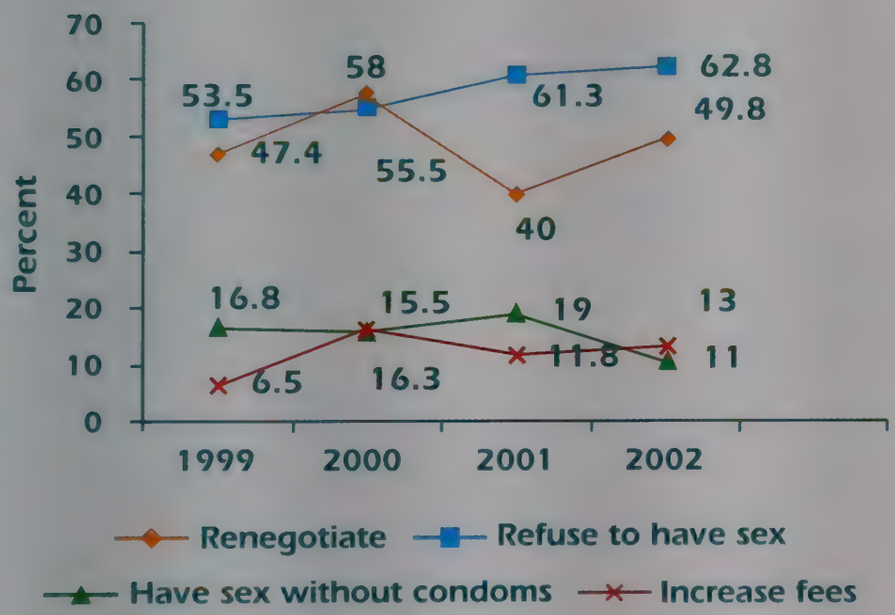


At baseline it was observed that while CSWs knew how to prevent STD/HIV only half practice safe sex, (56 percent). One of the reasons thought to be associated with this gap was the high proportion of misconceptions. Therefore APAC developed communication messages to address the misconceptions and also emphasized this during discussions with peer educators and counselors. The CSWs were taught how to negotiate condom with client who refused to use condom. Key influencers and clients of the CSWs were also targeted in the intervention program. Condom use with clients with regular and non-regular has stabilized at 88 percent. (Figure 6)

In 1999 strategies were developed to motivate CSWs to use condoms with their regular clients as it was low at 51.5 percent. Regular clients were perceived to be clean and the sexual encounter had a certain level of emotional attachment. Through changed messages and peer education the condom use with the regular clients increased from 51.5 to a high of 90 percent in the year 2001.Condom use with live in partners continues to remain low and has decreased form 41 percent to 23 percent. Strategies to address the CSW who do not use condom with their clients are urgently needed (Figure 6)

Condom Negotiation Practices

Figure 7 Condom Negotiation Practices - CSW



The intervention focused on empowering CSWs to perceive condom as protective and to say no to unsafe sex. Through peer educators they were taught skills of condom negotiation. When CSWs encounter clients who refuse to use condoms, 63 percent reported they renegotiated condom use or refuse to have penetrative sex (50%). 11 percent of them continue to increase their fees (Figure 7) Challenges for CSW continue, however, as described in the focus groups.

Reasons for not using condoms

"If condom use is stressed with clients who refuse to use them they suspect that I am infected."

"Some days, I don't get clients at all, when the only client does not want to use condom I cant refuse as I need money for the day"

"I am not able to negotiate condom use with my client as I spend little time in the place of having sex. I am scared of police and thugs in the area"

"It is difficult to make my husband use condom, as he will get angry and he will suspect me"

Figure 8
Insisting condom use - Mystery client observation

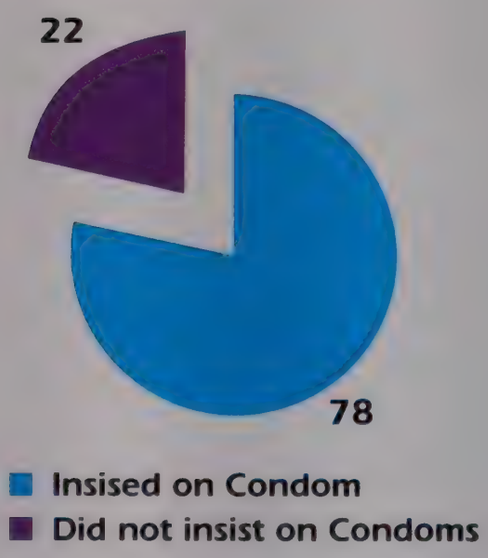
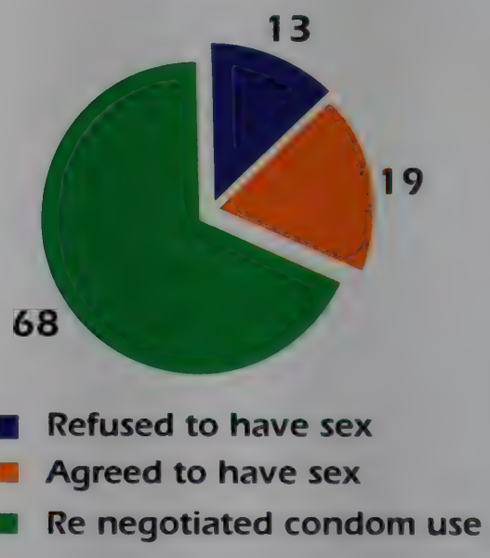


Figure 9
Condom Negotiation Practice-Mysery Client Observation



The mystery clients observed the condom negotiation skill, of the CSW in the actual setting. 40 observations were made by 4 client in different sites. It is encouraging to note that 78 percent of the CSWs insisted on condom usage while soliciting sex with the client.(Figure 8)

Among those who insisted on condoms 70 percent gave the condom to the mystery client as soon as they entered the room for sex, 3 percent mentioned that condoms should be used when they fixed their rates

Educating CSW individually about HIV/AIDS through trained outreach worker, peer educators and counselor is an important component of the behavior change communication program of the NGO partners. CSWs received information about disease prevention, health symptoms and their rights for quality health care in management of STDs as well as skills to involve in safe sex. Three fourth of the CSWs interviewed reported having been exposed to the individual educations and increase of 14 percent from the previous year. (Figure 12)

However, it is essential to reach the rest with intervention messages. Among CSW who said they had not received education 60 percent had been involved in unsafe sex and 28 percent did not perceive that they are at the risk of contracting HIV. NGOs will need to develop new strategies to reach these women.

Peer educators in the group discussion expressed the challenges in reaching new sex workers:

Challenges in reaching new sex workers

- "Each one of us have educated nearly 25 to 30 sex workers whom we know very well."
- "There are also young girls who come from some other place to solicit sex here. It is difficult to educate these sex workers by us."
- " These days many family type women are entering into sex trade. It is difficult to educate them"
- The time, which the family type sex workers spend in sex trade, is less."

Perception of Risk

Figure 13 Preception of risk - CSWs

Among CSWs interviewed, fewer non-users of condom perceived they were at risk of HIV. In the last three years it has decreased from 60 percent to 47.9 percent (Figure13).

Representing a small percent of the total CSW interviewed, lack of perception of risk is one of the important factors, which lead to unsafe sex. FGDs shows that there are many misconceptions about the prevention of HIV. It is important that these misconceptions are addressed on a regular basis.

Reasons for low risk perception

"These days I have reduced my number of clients."

"I take injections regularly to prevent diseases."

"I regularly test my blood whether it is pure or impure."

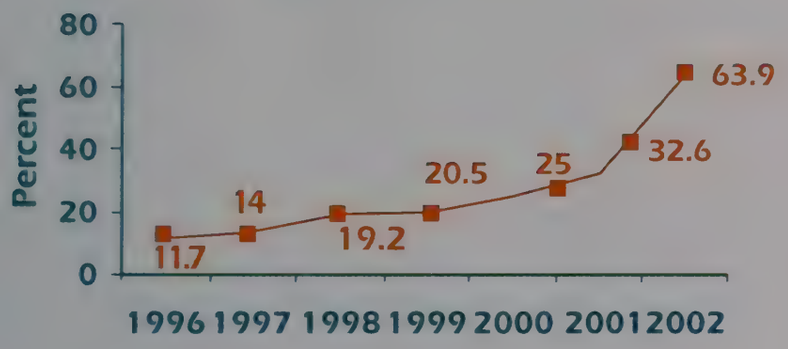
"When clients don't use a condom, I wash my genitals immediately with soap/Rice water."

and 5 percent informed the clients that condom should be used after reaching the place for having sex.

As per the protocol the mystery clients said they would not use condoms. Their observations were consistent with CSWs reported condom use and practices. 68 percent of them renegotiated condom usage. (Figure 9) 13 percent of the CSW refused to have sex without condoms and 19 percent agreed to have sex without condoms.

Voluntary condom procurement by CSWs

Figure 10 Voluntary condom procurement - CSW

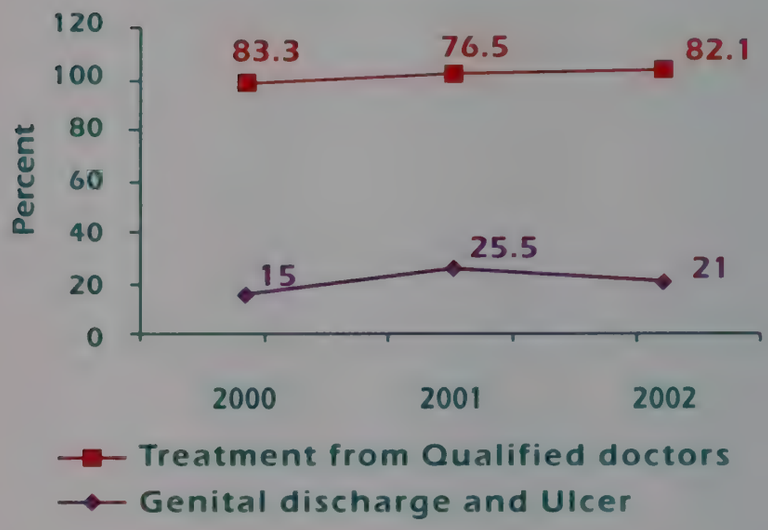


The proportion of CSWs who report procuring condoms continue to increase. (Figure 10). This is was noted by mystery clients who observed that 70 percent of the CSW were having condoms with them; 3 percent bought it on their way to the place of having sex; 9 percent of them asked the pimps/brokers to buy condoms; 9 percent of them asked the clients to buy condoms; only 5 percent of them did not carry condoms with them. Notably, all of the CSW had all branded condoms.

CSW reported they knew how to use condom (96.5) percent, including putting condom on clients (79 percent)

Reported STD Symptoms and treatment seeking behavior in the last year

Figure-11 Reported STD symptoms

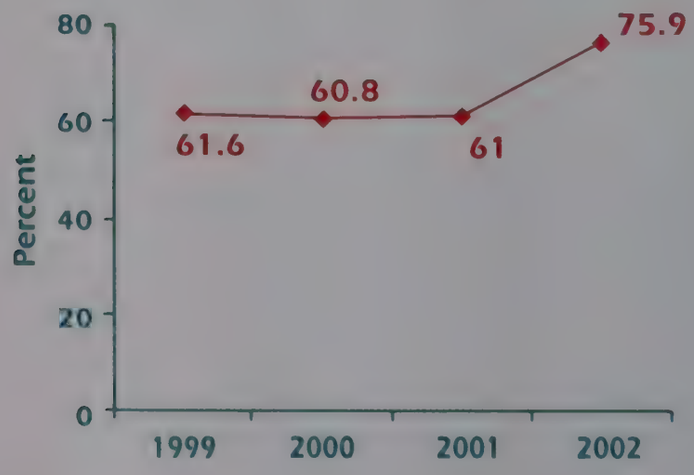


The proportion of CSW who reported of having symptoms RTI/STD such genital ulcer and vaginal discharge was 21 percent (Figure 11).

Among those who reported symptoms 82 percent received treatment from a qualified medial practitioner (Figure 11). The other 18 percent reported receiving care from unqualified medical practitioner.

Exposure to individual education on HIV/AIDS

Figure-12 Proportion who received individual education about HIV/AIDS



Truckers and Helpers

Since 1997,APAC has been providing support to 11 NGOs to implement HIV intervention with truckers and helpers and the high way sex workers. The long-term aim of the program was to bring about a change in behavior of the target community and there by bring about reduction of STD/HIV .Key halting points on the highway and the hot spots of sexual activities in Tamil Nadu are the intervention sites of the NGOs. Educating the truckers/ their helpers and the commercial sex workers about STD/HIV/AIDS, is the principal component of the project.

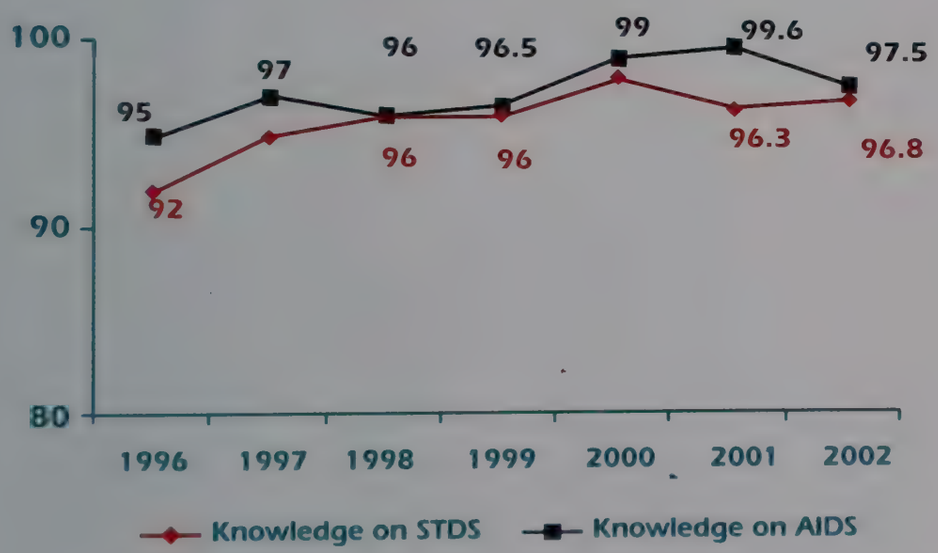
Socio Demographic Background

800 truckers and helpers were interviewed in the survey. They had a mean age of 27.5 years, 53 percent were married, 97 percent were literate.

Knowledge Indicators

Knowledge about prevention of STDs / AIDS

Figure 14 knowledge about prevention of STD/sHIV/AIDS



Awareness of Truckers and helpers about preventing the transmission of STDs and HIV/AIDS continues to remain high at 96.8 percent and 97.5 percent respectively.

Knowledge on preventing HIV/AIDS without misconception

Figure 15 Knowledge of prevention of AIDS without misconception - Truckers/helpers

Although most truckers and helpers knew about preventing HIV, 80 percent also had misconceptions (Figure 15) Focus group discussion with truckers and helpers who reported unsafe sex revealed an association between the increased misconception and decreased perception of risk.

Misconceptions on prevention/transmission of HIV/AIDS

- "If an individual is healthy he may not get infected with HIV/AIDS"
- "Only sex workers who have many partners and who solicit on the roads will be infected, sex with them is unsafe"
- "Taking penicillin injections or anti biotic tablets will help to avoid infection.
- "The disease can spread through air also and so AIDS patients should be kept alone"

Many different messages regarding the treatment and care for AIDS are being disseminated in Tamil Nadu. These are influencing how truckers and helpers perceive the disease today.

Perception o f the disease AIDS

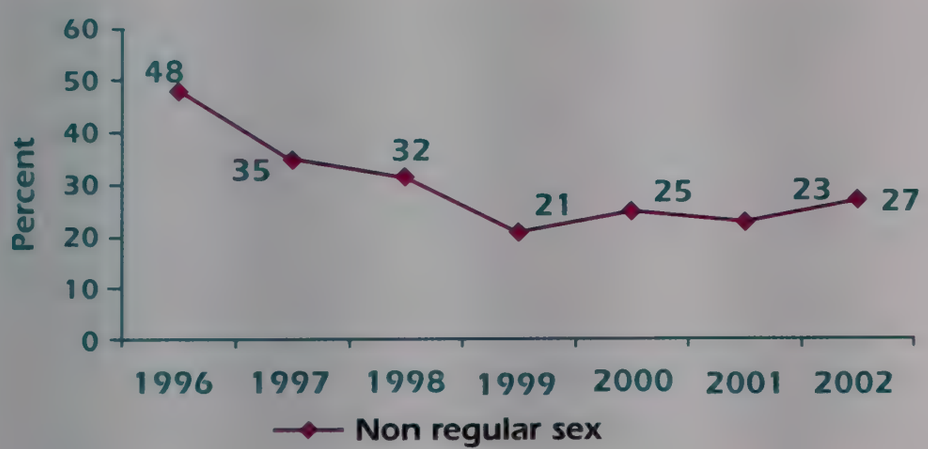
- " AIDS can be cured these days"
- " There are special hospitals these days to treat AIDS patients"
- "There are many doctors who are treating with herbal medicine and therefore the disease is curable"

From these focus groups discussions it is clear that many are confused and may also have decreased perception of risk of contracting HIV than before. In addition some of the misconceptions may increase the stigma towards people living with HIV/AIDS.

Behavioral Indicators

Involvement in Non regular sex and Condom Use

Figure 16 Sexual intercourse with a non-regular partner Trucker/helper



The prevention program with Truckers and helpers focused on strategies to reduce the number of sexual partners and emphasized condom use.. While the trend on the sexual behavior of TH, has been encouraging; involvement in non regular sex decreasing from 48 percent to 27 percent in 2002, there has been no change, in fact slight increase since 1999. (Figure 16)

Paid sex and casual sex among truckers and helpers

The trend of Truckers and helpers having non-regular sex was analyzed by type of partner paid versus casual sex. Both paid and casual sex partners increased since 1996, however rates are stabilized or slightly increased since 1999(Figure 17)

In 2001, peer educators emphasized the need to decrease casual sex which may be reflected in the decreasing trend noted here.

Figure 17
Truckers/helpers-involvement in paid and casual sex

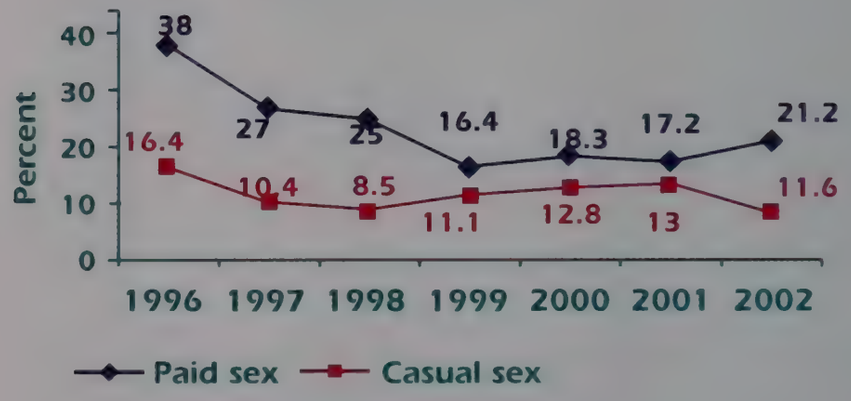
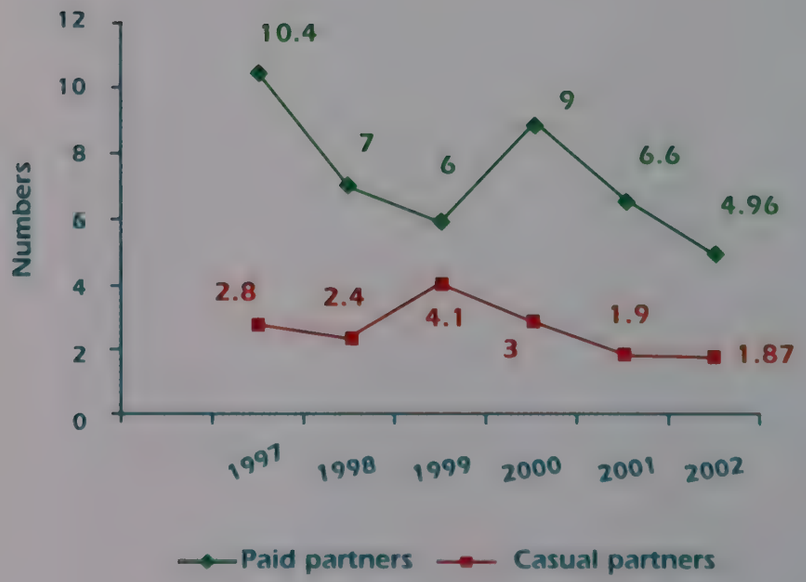


Figure 18 Mean number of paid and casual partners of Truckers/helpers in the last year



Although the percentage of truckers and helpers who reported having paid sex increased slightly, the mean number of paid partners in the last year reported by TH continue to decrease from 10.4 to 4.96 partners .The mean number of casual partners remains same the same at 1.87. in the last year. (Figure 18)

Focus group discussion with Truckers and helpers who had involved in non-regular sex in the last year.

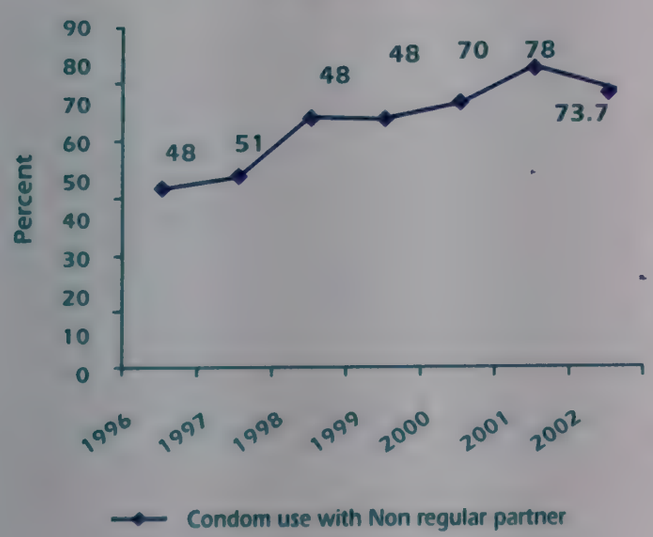
Reasons for involving in non regular sex

- " "It is difficult to resist temptation to have sex when we visit places like Andhra and Karnataka. The girls are very beautiful and there are many of them soliciting".
- " The sex workers are available in the resting places of Truckers and helpers. These girls are new to sex trade and they operate in brothels and lodges"
- "Many of us have joined private companies for Trucking and the time they spend out of our family is high and sex outside marriage happens"

Condom use Behavior

Condom use with a non-regular partner

Figure 19 Truckers - condom use with non regular partner

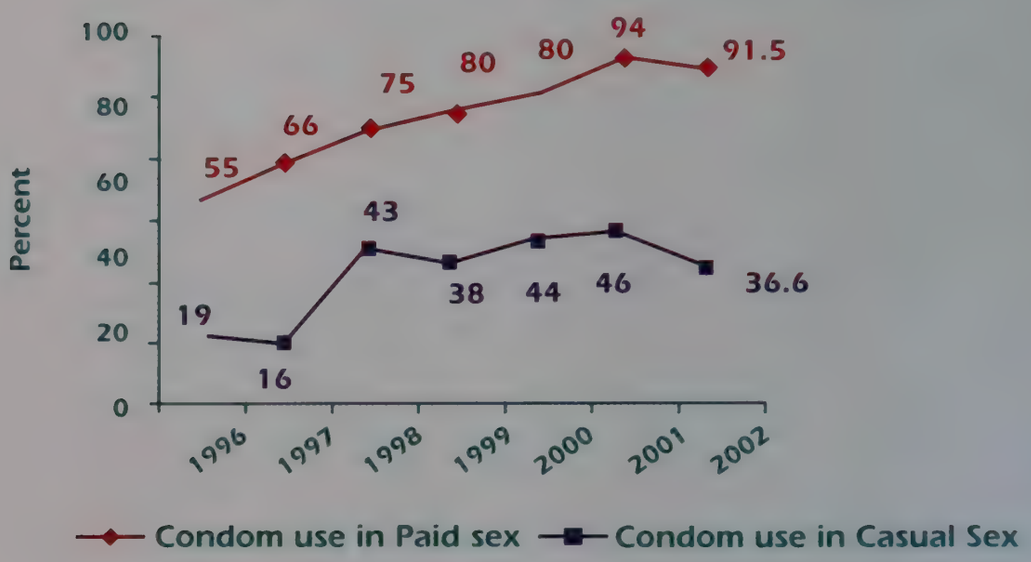


74 percent of the TH reported using condoms with non regular partner, a decrease of 4 percent from the previous year and the first time since the start of the BSS that there was no decrease.(Figure 19)

When broken down by type of partners it is clear that real challenges continue in promoting condom with casual partner. (Figure 20). While 91.5 percent of the TH reported using condoms with paid partner only 36.6 percent reported using condom with casual partner.

The low rate of condom use with casual partners indicates that intensive efforts have to be taken to bring about behavior change. (Figure 20)

Figure 20 Truckers-condom use with paid and casual sex



It was observed in the BSS wave 5 and 6 that TH perceive casual partners as clean and so they do not have HIV infection. They also noted that while CSWs on the highways empowered to insist that condoms be used, casual partners were not encouraging them to use condoms.

APAC's NGO partners have focused on strengthening the messages on the risk of unsafe sex with casual partners. They also organize programs to increase the awareness of women in the geographical location where the casual partners live in 2002. APAC conducted additional studies to understand the dynamics of the casual partners and mapped the location of the casual partners of Truckers and helpers. Intervention programs will need to be strengthen further in these locations.

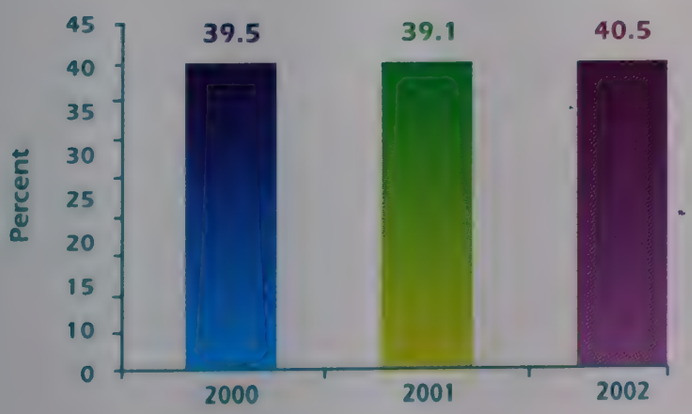
Group discussion held with Truckers and helpers who did not use condom with a non regular partner revealed the possible reasons, why condom was not used.

Reasons for not using condoms

- "These days women who solicit sex through agents go for regular medical check up and are free from all disease".
- "Definitely condom reduces the sexual pleasure".
- "Our lives are so risky, so it is unnecessary to worry about the future".
- " I know that I have a very healthy body and it is said that AIDS will not attack people who are healthy".
- "Many of us get tested by medical practitioners and we are confident of our health"
- "We don't use condoms specially when we have sex outside Tamil Nadu as the girls in Andhra are all new comers and they look very healthy"
- "There is a cure for AIDS like other diseases; there are many herbal treatment, available in the recent days then why worry"

It was observed that some of the misconceptions TH had earlier were reappearing. Advocacy is needed to eliminate magic remedies advertisements, promote awareness program across borders and address the misconceptions of the TH. These data also show that cross border intervention are critical in order to change behavior.

Voluntary condom procurement - Truckers



The percentage of TH who reported purchasing condoms remained stable at 40% (Figure 21).

Figure 21 Voluntary condom procyrement practice of TH

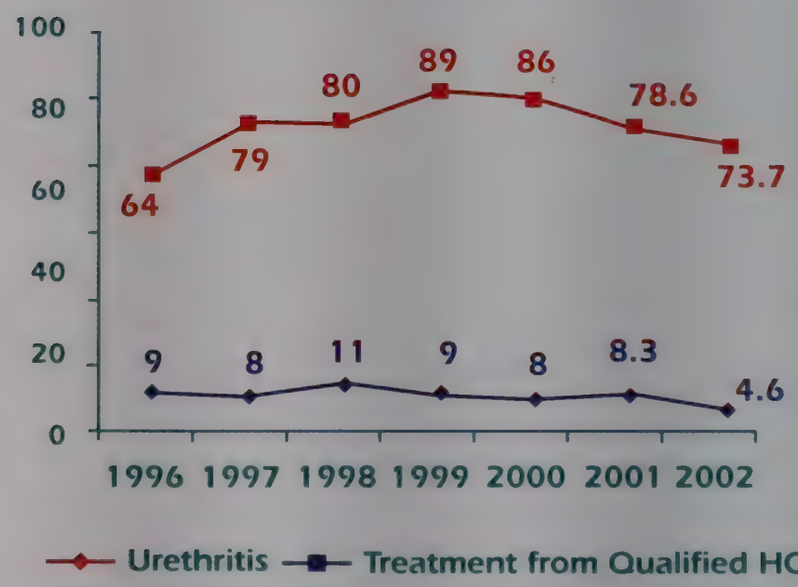
Health seeking Behavior-Truckers

Reported STD symptoms of Urethritis among Truckers/helpers and their treatment seeking behavior

The proportion of Truckers and helpers who reported symptoms of urethritis has decreased from 9 percent to 4.6 percent.

The treatment seeking behavior for the symptom of urethritis of Truckers and helpers from a qualified medical practitioner has increased from 64 percent to 73.7 percent. However in the last two years of BSS it has declined from 86 percent in the year 2000 to 73.7 percent in the year 2002. (Figure 22)

Figure 22 Sysmptoms of urethritis & treatment seeking behavior of Truckers/helpers



Reasons to seek treatment from unqualified care providers

- "I take penicillin injections whenever I have sex without condoms or when I have some problem in my genitals"
- "These doctors are very friendly and they do not threaten of various diseases"
- "These doctors also cure AIDS patients"

Perception of Risk

Perception of risk among those who have involved in unsafe sex

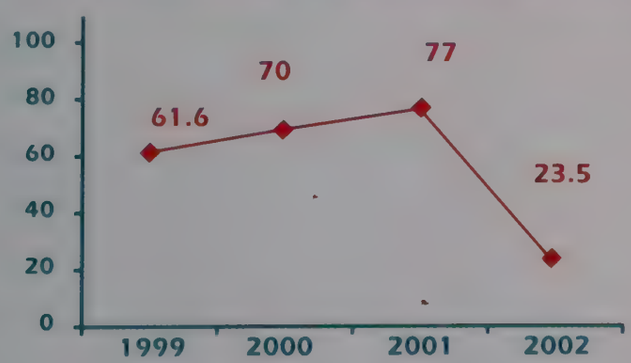
The perception of risk of contracting HIV/AIDS among TH involved in unsafe sex has increased from 38 percent to 67.7 percent and has remained stable since 1999 (Figure 23) Non-users of condoms have

Figure 23 Perception of risk among non users of condoms

many misconceptions and reasons for risky behavior However, most perceive that they are at risk of contracting HIV. Efforts need to be increased to promote safe behavior in these individual. (Figure 23)

Exposure to individual education about HIV/AIDS

Figure 24 Exposure to one to one interaction Trucker/helpers



NGOs have taken efforts to educate the Truckers and helpers when they pass through the halting points. They focus on educating them about HIV/AIDS prevention, condom use and treatment for STDs. The proportion of Truckers who have got individually educated on HIV/AIDS

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Male and Female Factory Workers

Socio Demographic Background

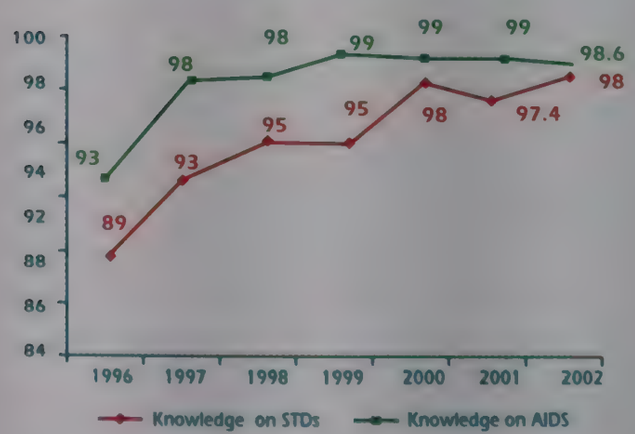
1860 Male Factory workers and 1600 Female factory workers were interviewed. The mean age of the male and female factory workers was 27 years and 25 years respectively. Marital status among the Male Factory Workers was 48 percent and the same among the Female Factory Workers was 43 percent. 51 percent in both the groups have indicated that they are married and living with their spouse. Literacy levels among the Female Factory Workers are relatively lower compared to Male Factory workers. 8.5 percent of the Female Factory Workers are illiterates compared to 0.5 percent of the Male Factory Workers.

Knowledge Indicators

Knowledge on Prevention of STDs and HIV/AIDS

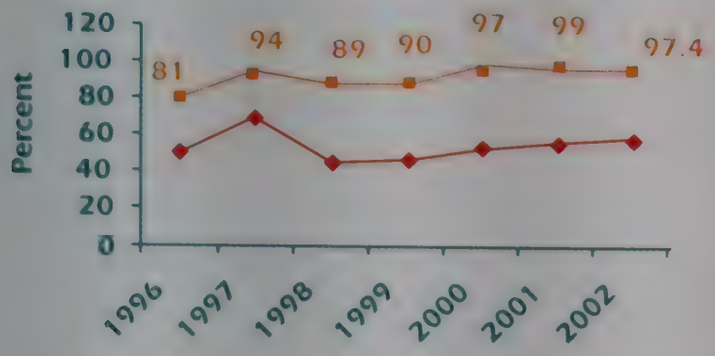
The knowledge of MFW on prevention of STDs and HIV is remaining high at 98 percent. Their knowledge on condom use as protection for STD and HIV/AIDS is also high at 93 percent (Figure 25)

Figure 25 Knowledge of prevention of STDs/HIV/AIDS-MFW



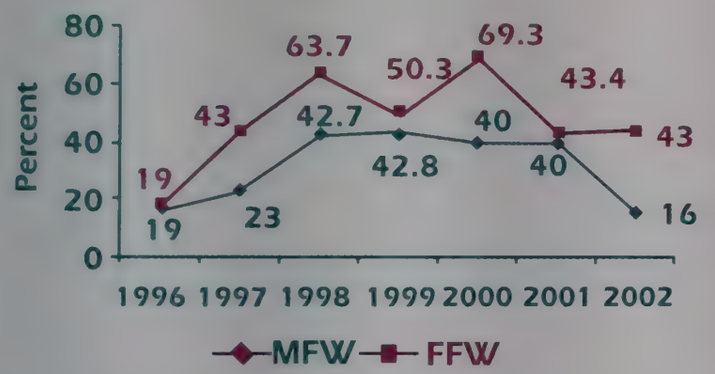
Knowledge on HIV/AIDS among FFW is high at 97.4 percent. But their knowledge on prevention of STDs is low at 59 percent. (Figure 26). Their knowledge on condom as prevention for STDs is also low at 41 percent.

Figure 26 Knowledge on prevention of STDs/HIV/AIDS-FFW



Knowledge on preventing HIV/AIDS without misconception

Figure 27
Knowledge of AIDS without misconception
Male & Female factory workers



Though the knowledge of both male and female factory workers on the prevention of AIDS is high it is not without misconception. The trend in knowledge level on prevention of AIDS without misconception was increasing among MFW till the year 2001.It increased from 17 percent in the year 1996 to 40 percent in the year 2001 but it has decreased to 16 percent in the year 2002 (Figure 27).Similarly among FFW it increased to 69.3 percent in the 2000 then it has reduced and remaining at 43 percent. (Figure 27)

Group discussion with the Male and female factory workers revealed some of their misconceptions regarding the transmission of AIDS. Few of them are listed below:

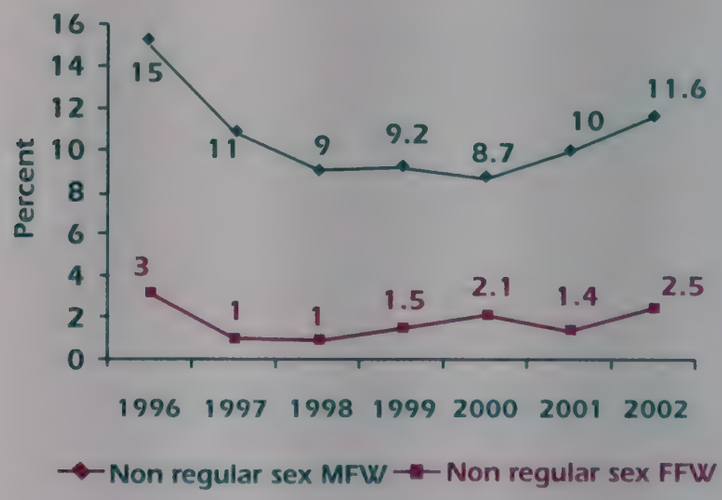
Misconceptions on prevention / transmission of HIV/AIDS

- "AIDS can spread even by touching the AIDS infected person"
- "One should not live near the AIDS patient, as insect bites will spread the infection."
- "It is necessary that the AIDS patient should be treated in a separate place".
- "If a person has many sexual intercourse with prostitutes he is more prone to infection"
- "Sex with family type of women with few sexual partners is not risky"
- "There is herbal treatment available for AIDS".

Behavioral Indicators

Involvement in Non regular sex and condom use

Figure 28 MFW / FFW - sexual intercourse with a non-regular partner



The MFW involvement in non-regular sex is remaining same at 11.6 percent. It was 15 percent in the year 1996 and in the last year it was at 11.6 percent. Reported involvement in non regular sex among FFW it is low at 2.5 percent (Figure 28)

Group discussion with MFW highlighted some of the reasons why factory workers seek sex with a non-regular partner.

Some of them are listed below:

Reasons for involvement in non regular sex.

- "Sex is very important, after certain age men find it difficult to get satisfied in his marital life".
- "Factory workers have the opportunity to get to know of women who can offer sex to them in return for favor or money."
- "Many of us live away from our family, which makes us involved in multi partner sex".
- "After having alcohol friends motivate to seek sex from sex workers".
- "Men involve in sex outside marriage, as he wants to enjoy oral and other type of sex."
- "In certain work setting, men have the opportunity to work and relate with women and this promotes casual sex with liked partners".
- "There are workplaces where sex is forced on the women who work in the lower grade".

In-group discussion many FFW agreed that women involve in multi partner sex in work place. They highlighted some of the sexual behavior of FFW:

Sexual Behaviour female factory workers

- "In certain factories to get jobs regularly and also to avoid problems from the supervisors women involve in sex."
- "Sometimes co-workers also force sex on the women who have involved in sex with their supervisors"
- "There are many women who want to have a better life so involve in multi partner sex with their male friends"
- Some of them have sex, as there is emotional liking for the person."

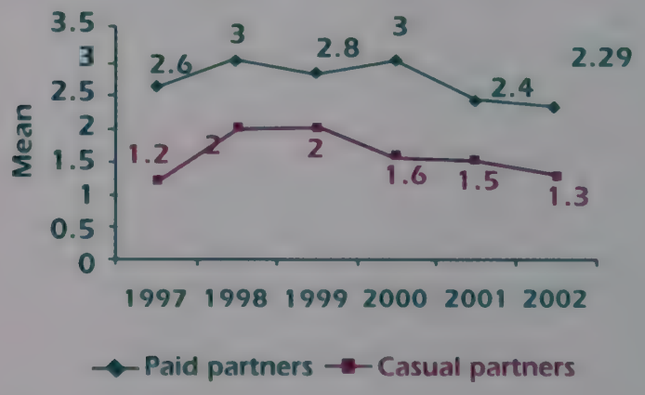
Involvement in paid sex and casual sex

Among those MFW who are involved in non regular sex, involvement in sex with a paid partner has decreased from 7 percent to 4.2 percent in the year 2002.However trends on MFW involvement in casual sex is not similar to that of paid sex. It decreased from 11.4 percent to 4.8 percent in the year 2001. But it can be observed that it has again increased to 7.9 percent in the year 2002. (Figure 29)

Figure 29 MFW - Involvement in paid and casual sex

Male factory workers have started perceiving that paid sex is risky but they also expressed that if a woman has few partners she may not be prone to HIV infection as seen in sex workers. Many of the MFW agreed during discussions that casual sex is common among them; however threat of AIDS has stopped many from having sex with a sex worker and they did not feel that any unprotected sexual encounter is risky.

Figure 30 Mean number of paid and casual partners of MFW



The mean number of paid partners of MFW is remaining same; it was 2.6 partners in the year 1996 and it is 2.29 partners in the year 2002. (Figure 30)

Condom use Behavior

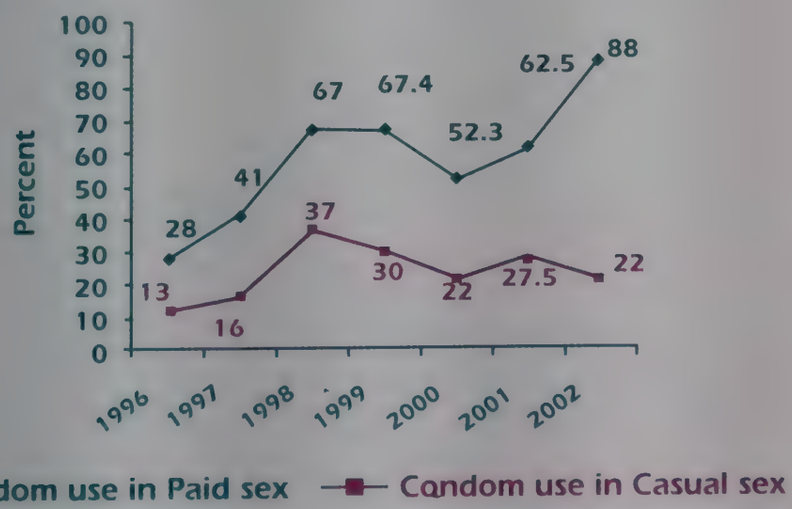
Condom use with non-regular partner

The condom usage behavior of the MFW with their non-regular partner is low at 45 percent. APAC has recently initiated work place intervention. However there are prevention programs with MFW and FFW by other agencies which are implemented in the various geographical locations. The data shows the urgent need of sealing up the prevention program as condom usage is continuing to be low at 45 percent (Figure 31).

Figure 31 MFW - condom use with paid and casual sex

Condom use in paid and casual sex

Figure 32 MFW - condom use with paid and casual sex



Different types of trends are obtained in the condom usage behavior by type of partners. In paid sex the condom use has increased from 13 percent to 88 percent in the year 2002. However in casual sex the condom usage has stabilized in the last three years, at 22 percent (Figure 32).

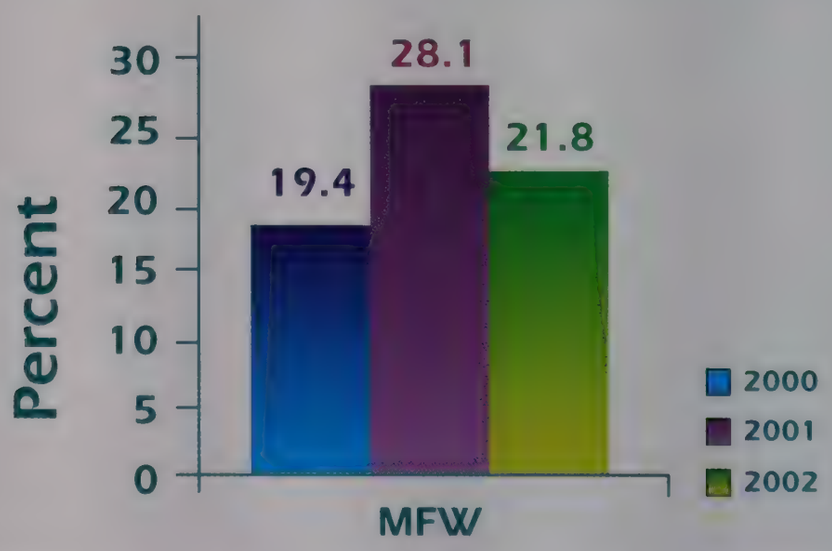
MFW reported in the group discussion that condom is important with paid partners. Multiple reasons were stated by the MFW for not using condom with casual partner. They are listed below:

Reasons for not using condom

- "Sex happens unexpectedly, one is not prepared to carry condoms with them"
- "In sex with known friends condom use is difficult as it will break the emotional involvement"
- "Casual partners are usually family based ladies and they are not prone to infection."
- "If condom is forced, they start suspecting the men whether he may be suffering from disease".
- "If the man is not married, the casual partner expects a long time relationship and so condom usage becomes difficult

Voluntary condom procurement by MFWs

Figure -44 Voluntary condom procurement practice of MFW



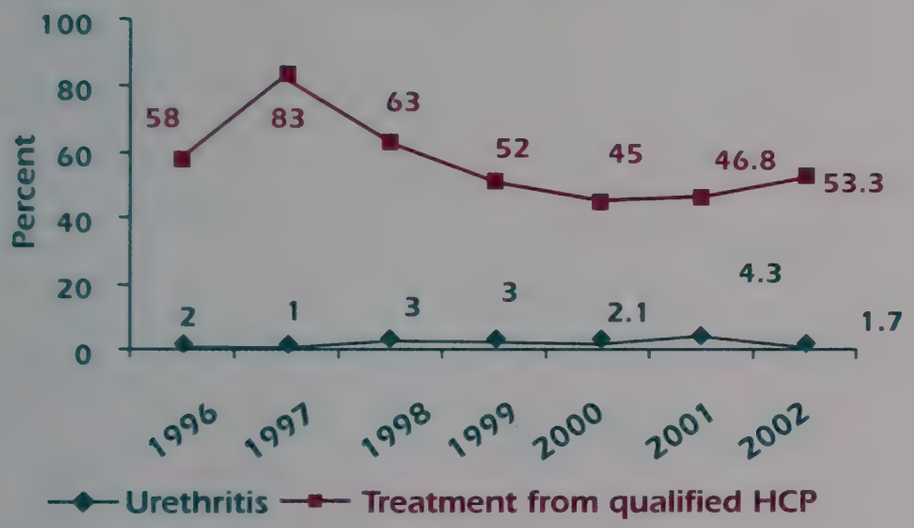
The voluntary condom procurement practice of MFW increased from 19.4 percent to 28.1 percent in the year 2001.However it has again reduced to 21.8 percent in the year 2002. (Figure 33)

Health seeking Behavior

Reported STD symptoms of Urethritis among MFW and their treatment seeking behavior

The proportion of MFW who have suffered from the symptom of urethritis is remaining low at 1.7 percent. In year 2001 it increased to 4.3 and in the last year it has reduced. Among those who suffered from the symptoms 53.3 percent of them have sought treatment from a qualified medical practitioner. (Figure 34)

Figure 34
Symptoms of urethritis & treatment seeking behavor of MFW



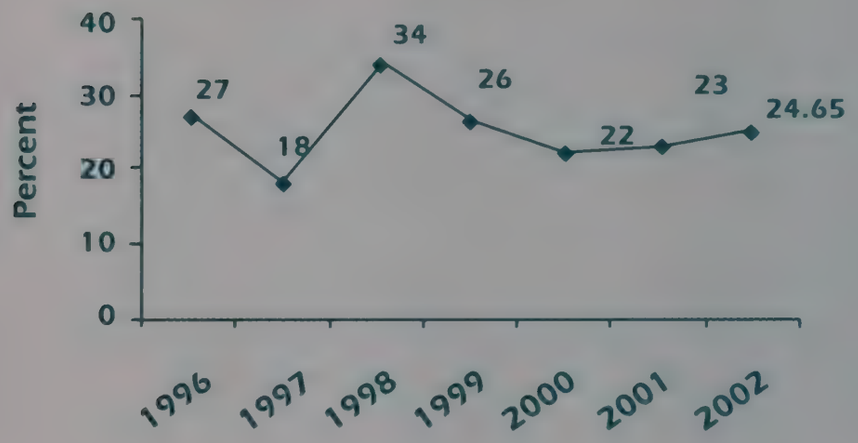
In the discussion with MFW it was observed that majority of them seek treatment only when they have severe pain. Many of the expressed that they believe in alternate system of medicine ayurvedam, siddha or Nattu vaidiyam. They are very comfortable with unqualified medical practitioners, usually the RIMPs. They expressed that they are comfortable as they don't threaten them; do not ask for many tests; they are very kind, etc. It was observed that they were not worried about the qualification of the doctors.

Perception of Risk

Perception of risk among those who have involved in unsafe sex

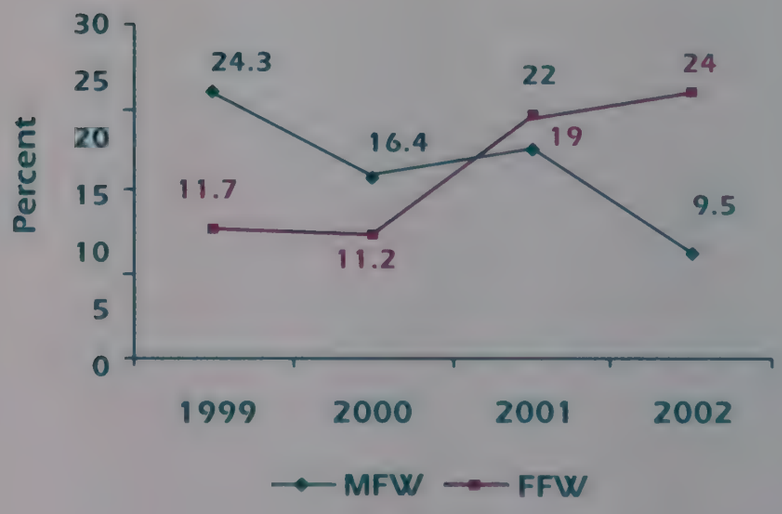
The perception of risk of MFW who are involved in unsafe sex is low at 24.6 percent. It can be observed that the trend is getting stabilized in the last three years 22 percent to 24.6 percent. (Figure 35)

Figure 35
Perception of risk among non users of condoms MFW



Exposure to individual education on HIV/AIDS

Figure 36
Exposure to one to one interaction MFW & FFW



The MFW who have got opportunity to get individual education on HIV/AIDS has reduced from 24.3 percent to 9.5 percent in the year 2002. However among the FFW it was increased from 11.7 percent to 24 percent in the year 2002. (Figure 36) APAC has initiated "Industrial Intervention Program" recently; the programs have to be geared up to increase the coverage of the factory workers with individual education on STD/HIV/AIDS.

Male Youth in Slums

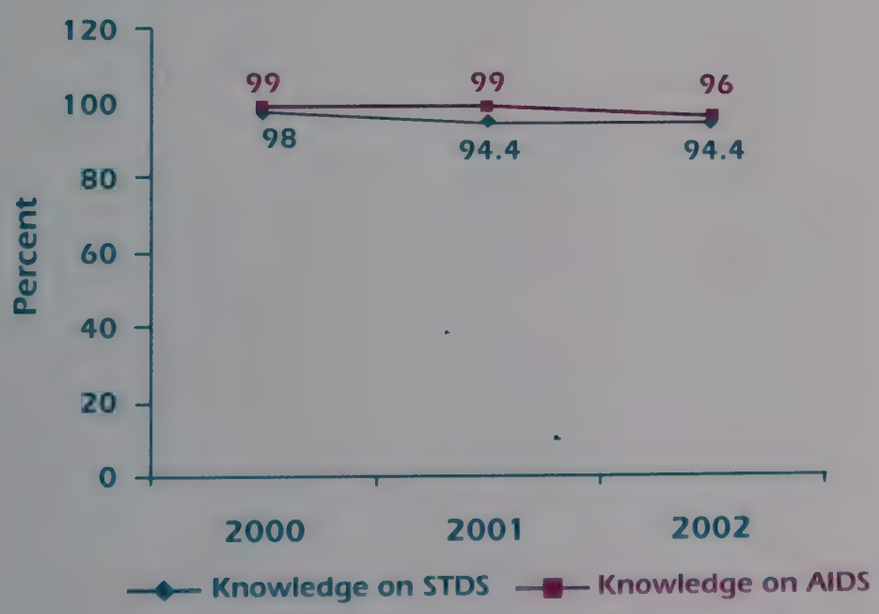
Socio demographic characteristics

700 Male youth in slums were interviewed. The mean age of MYS was 20.1 year.4.5 percent of them where illiterates 15.4 percent of the MYS were Unemployed. The occupation in which they involved include : labours, painters, helpers, drivers, mechanics and other menial jobs.

Knowledge Indicators

Knowledge about Prevention of STDs/HIV/AIDS

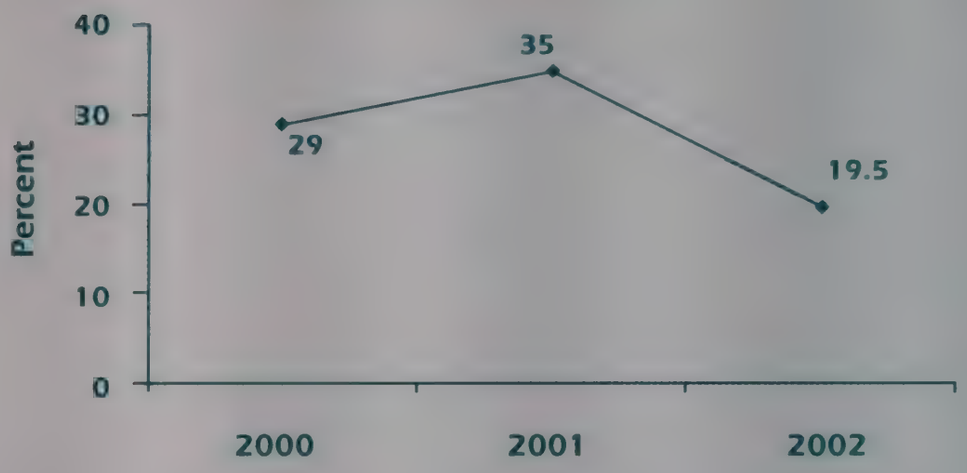
Figure 37
Knowledge about prevention of STDs / HIV / AIDS



Awareness of STD/HIV/AIDS is high among MYS (Figue 37)

Knowledge about preventing HIV/AIDS without misconception

Figure 38 knowledge about prevention of AIDS and condom as prevention for AIDS-MYS



Though knowledge of the MYS about prevention of HIV/AIDS is high, most had misconceptions which is low at 19.5 percent (Figure 38)

Group Discussion with the Male youth in slums revealed various misconceptions, which they have in regard to the transmission of HIV Some of them are presented below:

Misconceptions regarding prevention / transmission of HIV / AIDS

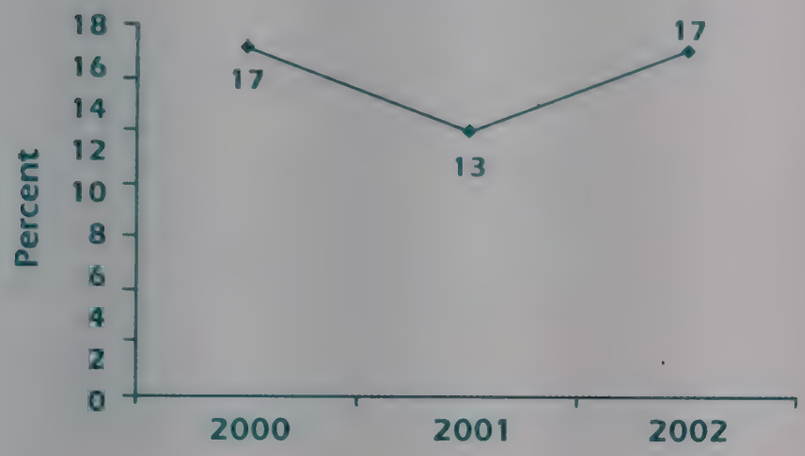
- "AIDS will spread if one touches or if he/she is closely in contact with the infected person."
- "AIDS patients should be separated so that he will not spread infection".
- 'The person will not get infected if he is healthy and has good blood circulation in his body".
- "If a person has STDs it will progress into AIDS."
- " It is easy to identify the woman infected with AIDS by looking at her appearance".

Behavioral Indicators

Involvement in Non regular sex and condom use (Indicator 5 & 6)

17 percent of MYS reported having non regular sex.(Figure 39)

Figure 39 MYS - sexual intercourse with a non-regular partner



Focus group discussions with them have highlighted various reasons, which they stated for involving in non-regular sex. Some of them are presented below:

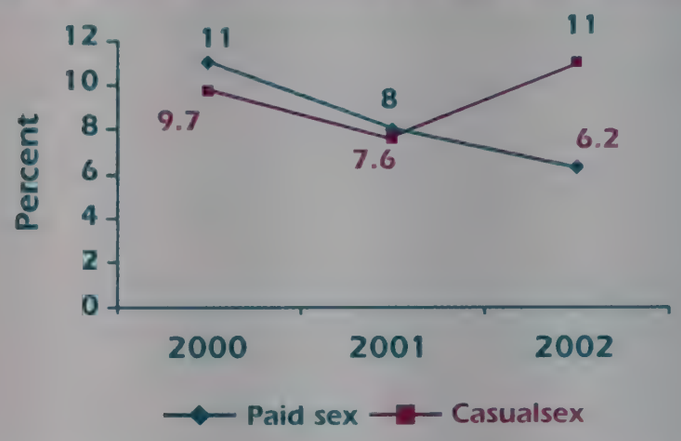
Reasons for involving in non regular sex

- "I am not able to control my sexual urge. It is difficult get married early. Hence I have sex with CSWs"
- " In our area both CSWs and also family type of women are available ".
- "It is common for boys to involvė in multi partner sex"
- "When the CSWs solicit at nighttime, it iş difficult to resist temptation".
- "Homely girls solicit sex for money to support their husbands."
- "We watch blue films and when we are aroused we have sex "
- "We strongly believe that masturbation will cause a serious health hazard; therefore it is better to have sex".

Involvement in paid sex and casual sex

While fewer MYS reported paid sex (6.2 percent) compared to previous year 8 percent .The percentage who reported having casual partner increased from 7.6 to 11 percent (Figure 40)

Figure 40 MYS - involvement in paid and casual sex

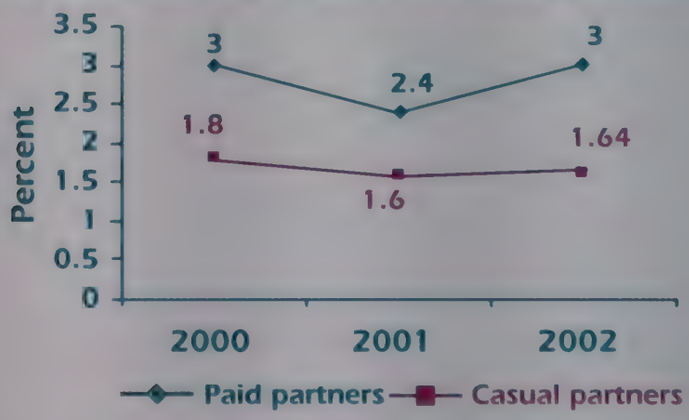


Focus group discussion highlighted reasons for increased involvement in paid and casual sex. :

Reasons for involvement in paid / casual sex

- "Many girls in our area are encouraging youths to involve in sex."
- "Paid woman have higher risk of giving the disease".
- "Many married ladies allow young boys to have sex with them after receiving favors in kind or cash. They do it only for supporting their family".

Figure 41 Mean number of paid and casual partners of MYS

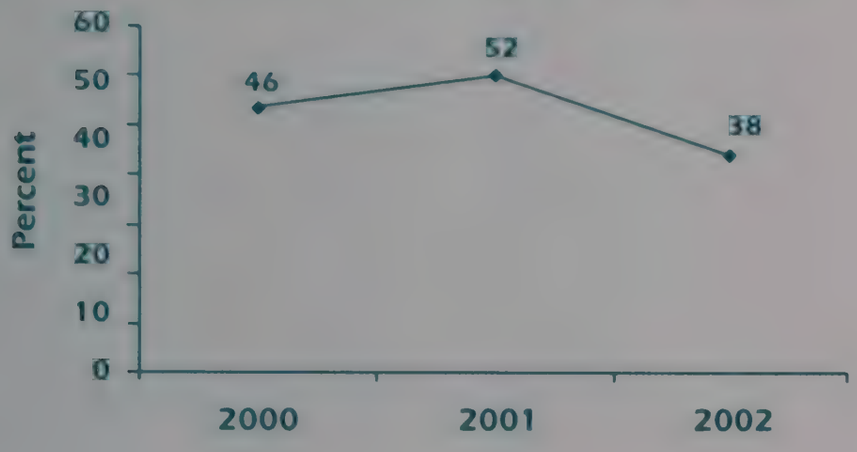


There has been little change in the mean number of paid and casual partners reported by MYS. The mean number of paid partners is 3 and mean number of casual partners is 1.64. (Figure 41)

Condom use behavior

Condom use with non-regular partner

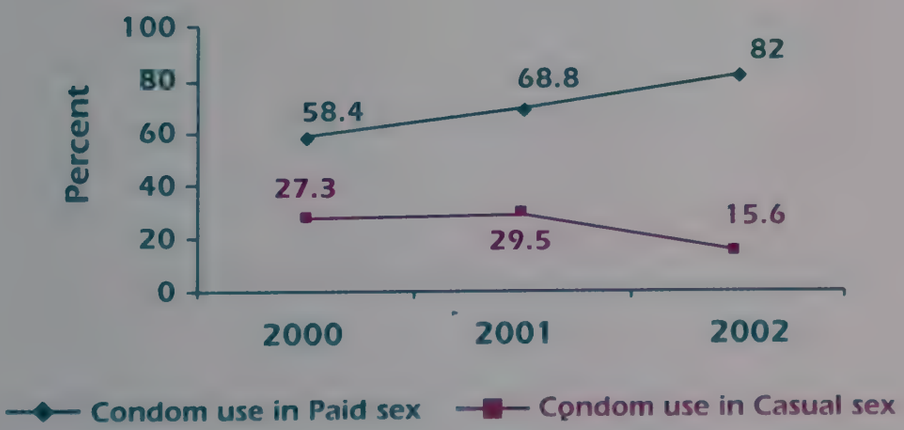
Figure 42 Condom use with a non regular partner



The reported condom use in their last sex with a non-regular partner is low at 38 percent.(Figure 42)

Condom use in paid and casual sex

Figure 43 Condom use with paid and casual sex



However when stratified by type of partners paid versus casual.82 percent reported using condoms with paid partners. While only 15 percent use condoms with casual partners. (Figure 43)

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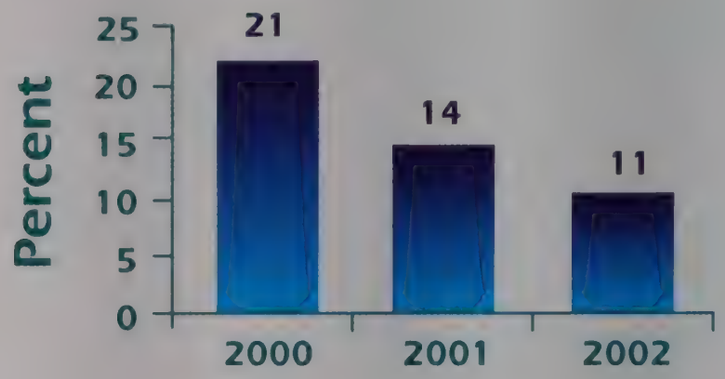
Voluntary condom procurement - MYS

Figure -44 Voluntary condom procurement practice of MYS



Fewer of MYS reported having purchased condoms in the last year, 11 percent. (Figure 44).

In the Focus group discussion the Male Youth in Slums said:

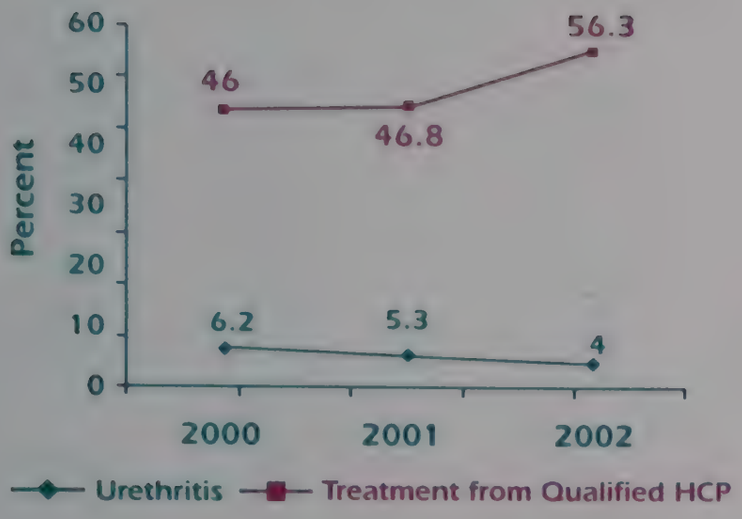
Difficult in buying condoms

- "Though condoms are easily available in our area, it is difficult to buy condoms."
- "Even if we buy it is difficult to stock condoms in our pants or at home."
- "The petty shop owners or the medical shop people know us in the local area so we can't buy it in near by place."

Health seeking Behavior

Reported STD symptoms of Urethritis

The proportion of MYS reported of suffering from symptoms of urethritis is remaining low at 4 percent. Among those who suffered from urethritis only half of them, 56.3 have sought treatment from a qualified medical practitioner. (Figure 45)

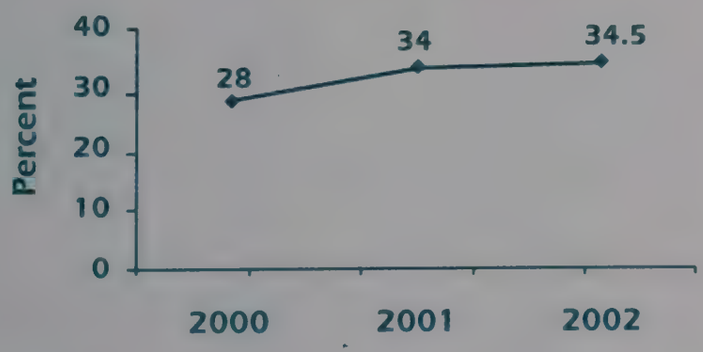


Perception of Risk

Perception of risk among those who have involved in unsafe sex

Among those MYS who have involved in unsafe sex their perception of risk of contracting AIDS is remaining low at 34.5 percent. (Figure 46). The lack of perception of risk is influenced by various misconceptions existing among them. It is very important that outreach work should focus on their misconceptions.

Figure 46 Perception of risk among non users of condoms



Exposure to individual education on HIV/AIDS

The proportion of MYS exposure to individual education has decreased from 59.1 percent in the year 2000 to 24 percent in the year 2002. This data shows that the NGO implementing programs in slums with the youth should increase one to one education of the MYS, and develop more peer educators to educate higher coverage of the youth in slums. (Figure 47)

BASELINE MEASURES

Men who have sex with Men

Beginning in 2001 MSM were included in the BSS as APAC planned to implement targeted intervention with this group. In 2001 APAC had the sample of MSM selected from one geographical location and the sample size was small number. In this survey the sample size was increased to 250 and conducted in two geographical locations were the density of the MSM was high. The data from this wave of BSS is considered a baseline measures for MSMs.

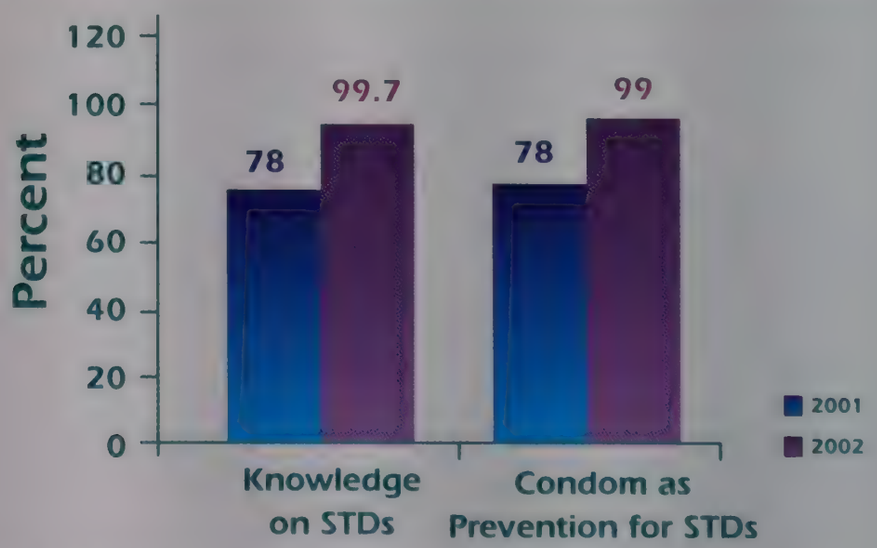
Socio demographic Characteristics

250 MSMs were interviewed. The mean age of MSM was 27 years. 67 percent were unmarried and 20 percent were married and living with spouse. 8.1 percent were illiterate. 77 percent of the MSMs are employed and rest were unemployed.

Indicators

Knowledge on Prevention of STDs and condom prevents STDS

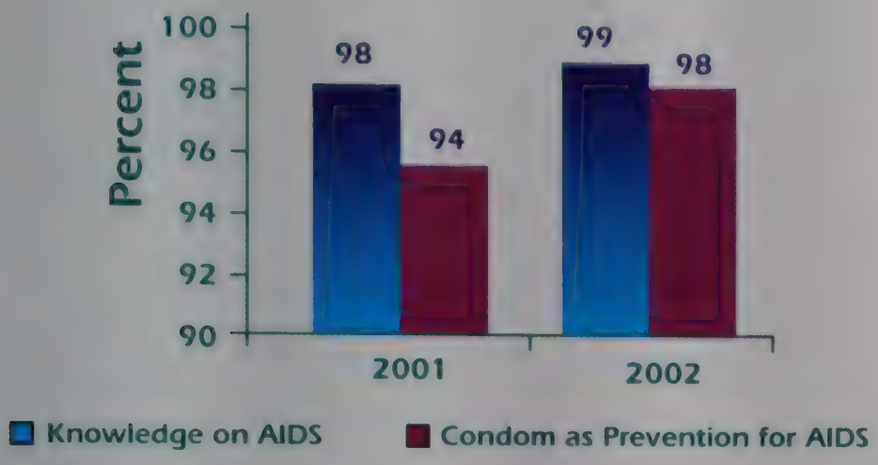
Figure 48 Knowledge on prevention of STDs and condom as prevention for STDs



Almost all 99 percent had knowledge about STD. (Figure 48)

Knowledge about prevention of AIDS and condom prevents AIDS

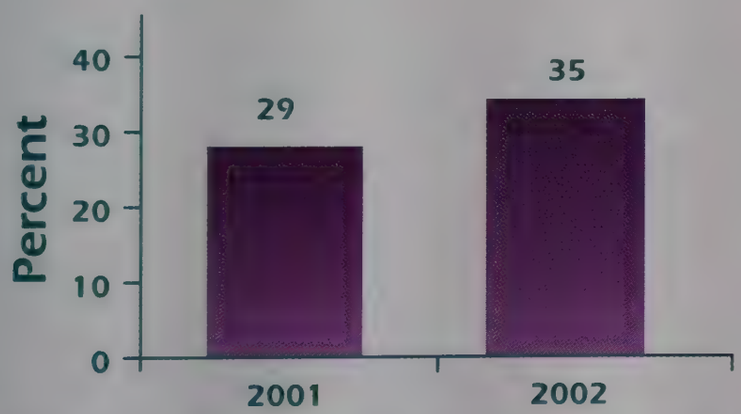
Figure 49 Knowledge about prevention of AIDS and condom as prevention for AIDS - MSM



The MSMs knowledge on prevention of transmission of AIDS and condom as prevention for AIDS is high and it is at 99 percent. (Figure 49)

Knowledge about preventing HIV/AIDS without misconception

Figure 50 Knowledge about prevention of AIDS without misconception



Though the MSMs have high knowledge level on prevention of AIDS, their knowledge level without misconception is low. Only 35 percent of the MSM have knowledge on prevention of AIDS without misconception. (Figure 50)

Some of their misconceptions as observed in the focus group discussion are:

Misconceptions about prevention and transmission of HIV/AIDS

- "AIDS can spread through touching the infected person using his personal belonging like dress etc."
- "Insect bites may also spread the infection."
- "The disease AIDS can be completely cured."
- "It is important to wash the genital after sex with lime water or soda water."
- "Sex with Man is not risky towards HIV/AIDS infection."
- "Fluids in the genital region will transmit the HIV infection and in anal sex the fluids are not exchanged."
- "Sex with regular male partner is safe. "

Behavioral Indicators

Involvement in non-regular sex and condom use

Figure - 51 MSM Sexual intercourse with a non regular partner

Sexual Behavior data collected from MSM also included their heterosexual behavior. The men who were involved in both heterosexual and homosexual behavior are called as Panthis. The proportion of MSMs who reported involvement in heterosexual non-regular sexual behavior is 35 percent in the year 2002.Their condom usage with the non-regular female partner is 77 percent in the year 2002. (Figure 51)

Among the MSMs 70.5 percent of them reported involvement in penetrative sex with a man. MSM condom usage in their anal sex is low at 36 percent. (Figure 52)

Figure - 52 Men having anal sex with men and condom usage

The MSM have different types of sexual male partners they are regular partners, paid partners and also casual partners. It can be observed that the 40 percent of them involve in sex with a paid male partner; 58 percent involve in sex with a regular male partner and 49 percent have sex with a casual male partner. (Figure 53)

Figure - 53 Type of male partners

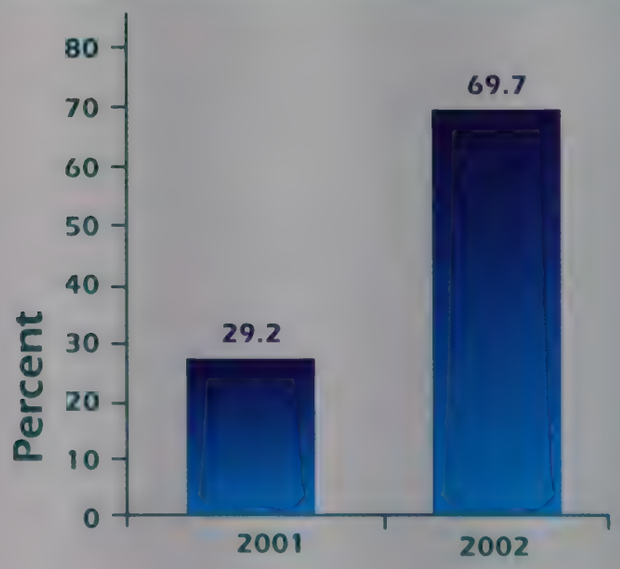
The condom usage behavior among the MSM depends on the type of partners. It can be observed that condom usage is high with paid partner it is at 79.5 percent. 42 percent of them reported Condom usage

with casual partner male partner only 36 percent of them have reported of using condoms with a regular male partner. (Figure 54)

Figure - 54 Condom usage by Type of male partners

Voluntary condom procurement

Figure 55
Voluntary condom procurement practice of MSMs

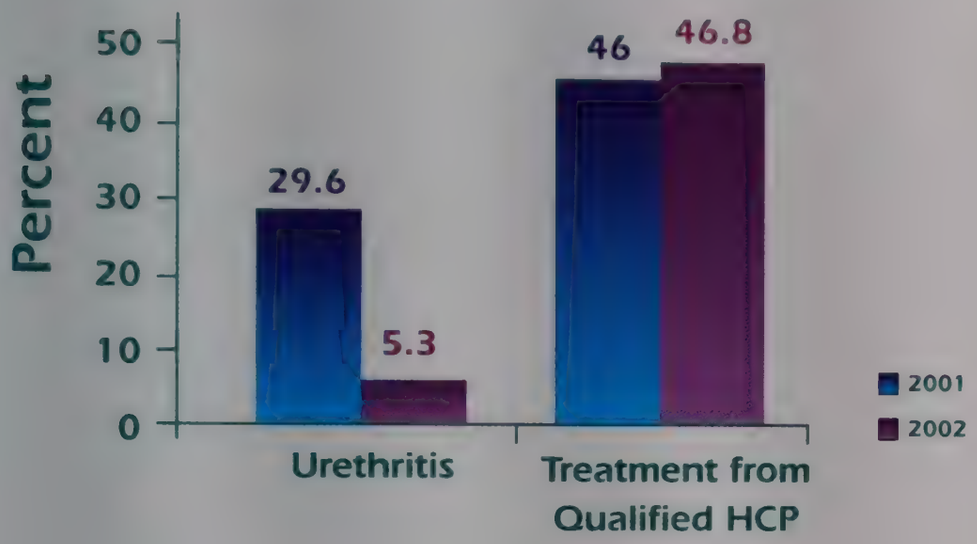


The voluntary condom procurement is high at 69.7 percent. (Figure 55)

Health seeking Behavior

Reported STD symptoms of Urethritis among MSM and their treatment seeking behavior

Figure 56
Symptoms of urethritis & treatment seeking behaviour of MSM



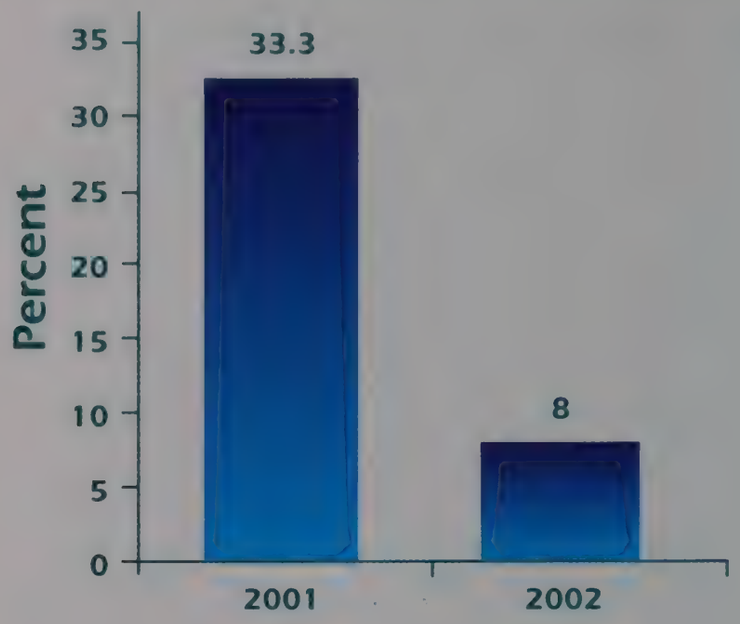
5.3 percent of the MSMs reported of having suffered from the symptoms of urethritis and among 46.8 percent have sought treatment from a qualified medical practitioner. (Figure 56)

Perception of Risk

Perception of risk among those who have involved in unsafe sex

Among those who have got exposed to unsafe sex in both hetero and homo sexual behavior perception of risk of contracting the disease is low at 8 percent. (Figure 57)

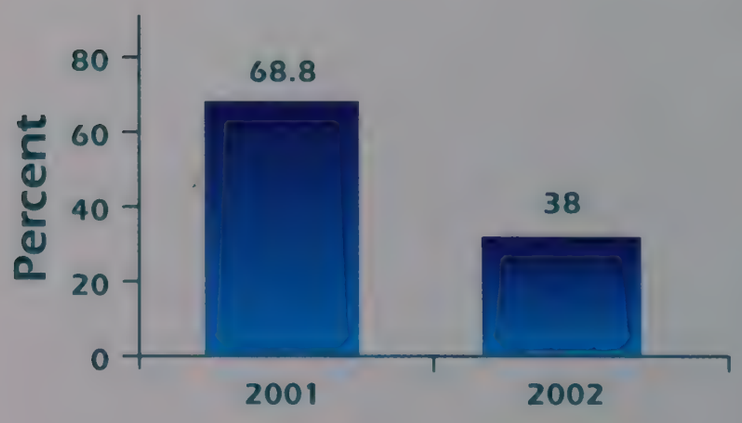
Figure 57 Perception of risk among non users of condoms MSM



Exposure to individual education on HIV/AIDS

The proportion of MSMs who have got exposure to individual one to one education on HIV/AIDS is low at 38 percent. (Figure 58)

Figure 58 Exposure to one to one Interaction MSMs



MALE INJECTING DRUG USERS

250 male Injecting Drug Users were interviewed. Beginning in 2001 Injecting Drug Users (IDUs) was added in the BSS as APAC planned to implement targeted intervention with this group. In 2001, data was collected from smaller sample of IDU. The sample size has been increased in the year 2002 from 77 to 250. Therefore the recent data can be considered as the baseline.

Socio demographic background

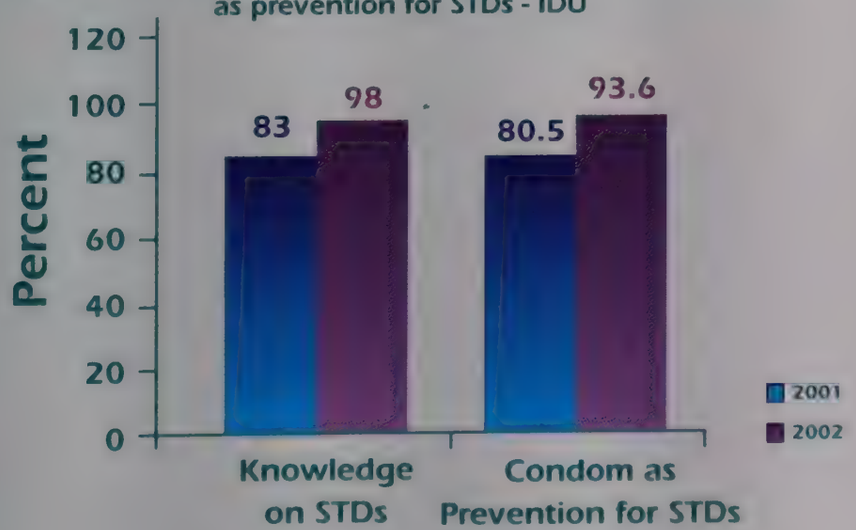
63.3 percent of the IDUs were unmarried; 28.2 percent married and living with their wives and 5.3 percent are married and not livening with their spouses.12 percent of them are illiterates; 6.4 percent are literate with no formal schooling; 74.4 percent of them are employed and among them 92.4 percent of them are employed full time.

Knowledge Indicators

Knowledge about Prevention of STDs and condom prevents STDS

The IDUs knowledge on prevention of STDs is high at 98 percent and their knowledge on condom as prevention is high at 93.6 percent. (Figure 59)

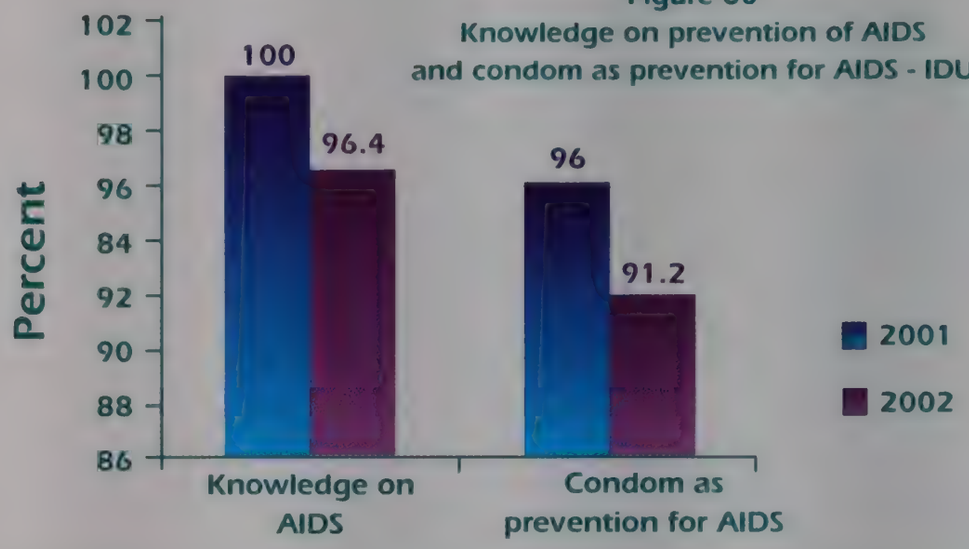
Figure 59 Knowledge about prevention of STDs and condom as prevention for STDs - IDU



Knowledge on Prevention of AIDS and condom prevents AIDS

The IDUs knowledge on prevention of AIDS is high at 96.4 percent and their knowledge on condom as prevention is 91.2 percent. (Figure 60)

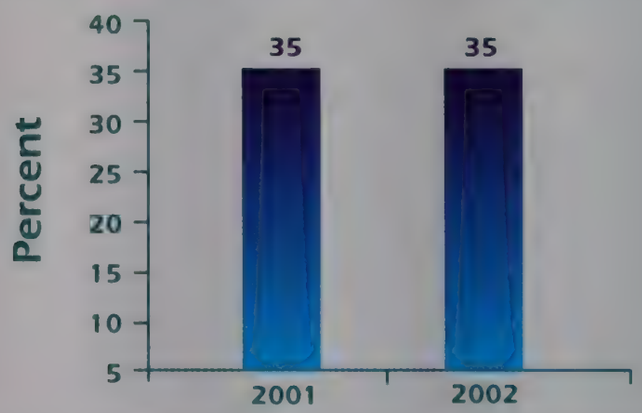
Figure 60
Knowledge on prevention of AIDS
and condom as prevention for AIDS - IDU



Knowledge on Preventing HIV/AIDS without misconception

IDUs knowledge on the prevention of the disease without misconception is low at 35 percent. (Figure 61)

Figure 61 Knowledge on prevention of AIDS without misconception



In the focus group discussion some of the misconceptions were observed. Some of them are listed below:

Misconception on prevention and transmission of HIV/AIDS

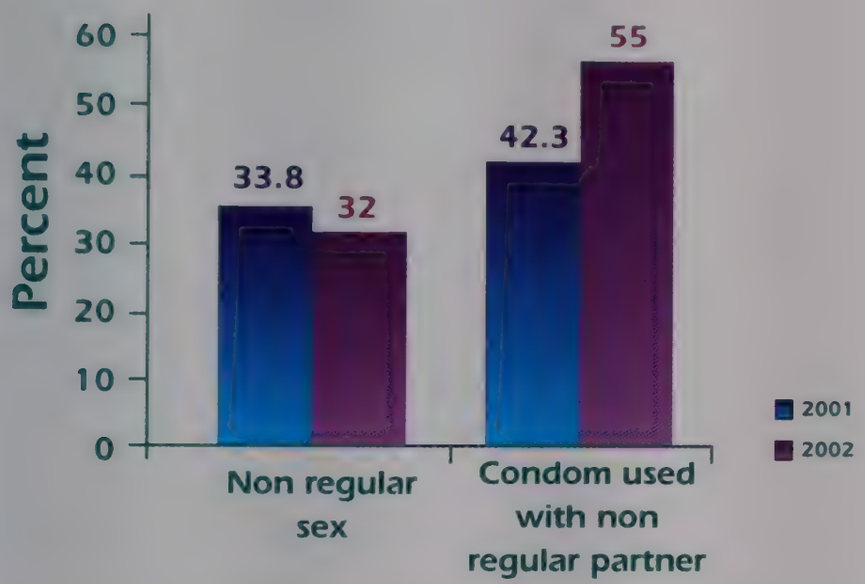
- ""Sharing needles/syringes with close friends will not spread AIDS."
- " Sex with family type of woman is safe"
- AIDS can spread by social contact, like breathing the air where the AIDS patient live.
- Complete treatment is available for AIDS patients and it can be cured.

Behavioral Indicators

Involvement in Non regular sex and condom use

The IDUs HIV risk behavior including their involvement in non-regular sex was studied. It is observed that 32 percent of the IDUs reported involved in non regular sex in the last year and among them only 55 percent of them have used condom with their last non regular partner. (Figure 62)

Figure 62 Sexual intercourse with a non-regular patner



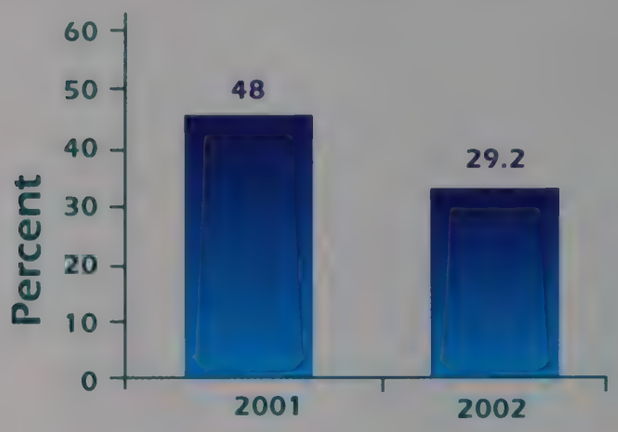
Some of the reasons, which they stated for their involvement in non-regular sex:

Reasons for involvement in non-regular sex

- "My friends force me to have sex with paid partners".
- "It is believed that drugs use will make one impotent and also reduce sexual performance. Hence to test this we visit sex workers.
- "Most of us have got married early. After the marriage wife refuses to have sex due to our drug behavior and therefore we have sex with others ".
- "To me sex is a kind of recreational activity".

Voluntary condom procurement

Figure 63 Voluntary condom procurement practice of IDU

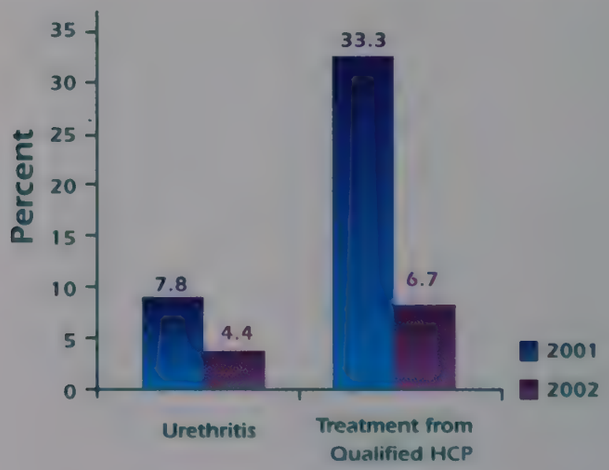


29.2 percent of the IDU have reported that they purchase condoms. (Figure 63)

Health seeking Behavior

Reported STD symptoms of Urethritis among IDU and their treatment seeking behavior

Figure 64 Symptoms of Urethritis & treatment seeking behaviour of IDU

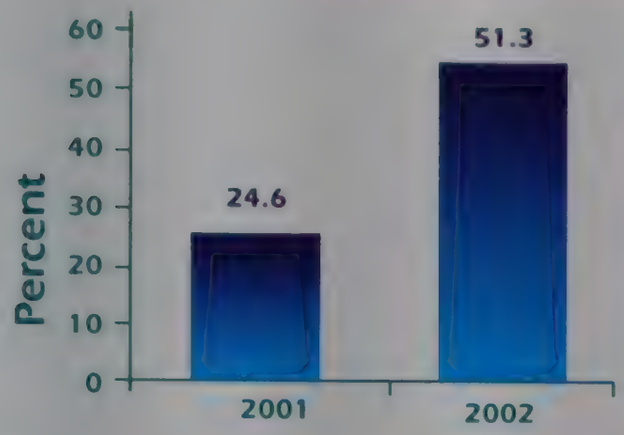


The proportion of IDUs who reported of having suffered from urethritis in the last year was 4.4 percent. Among them only 6.7 percent have got treatment from qualified medical practitioners. (Figure 64)

Perception of risk

Perception of risk among those who have involved in unsafe sex

Figure 65 Perception or risk among non users of condoms IDU



Among the IDUs who have involved in high-risk needle practice having shared their needles in their last injection and not using condom in their last sex with the non-regular partner, perception of risk was measured. Only half of them , 51.3 percent perceived that they have the risk of contracting the disease. (Figure 65)

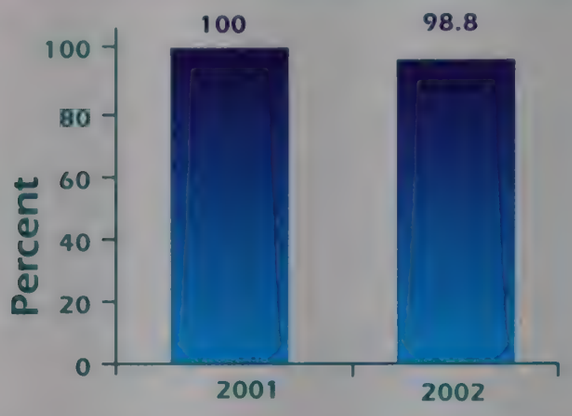
Injecting Behavior

The mean age of the IDUs at their first injection of illicit drug is 23.5 years. 35.2 percent of the IDU inject 2 to 3 times a day,14 percent once in a day,7.6 percent 4 or more times a day,13.6 percent inject once a week, 12.8 percent inject 2 to 3 times a week,4.8 percent 4 to 6 times a week and 6 percent inject once a month.

The drugs which were injected in the past one-month before the interview was Brown sugar (87.2 percent) Tidigesic (47.6 percent), Avil (84.4 percent), Calmpose (61.2 percent). 9.2 percent of them under went treatment and 63.6 percent have not received any treatment for their injecting practice. 26. 8 received treatment in the past but they are back to drugs. Among those who received treatment the kind of treatment received were counseling (30 percent), self help groups (2.2

percent), Residential treatment (8.9 percent), treatment for abscess (25.6 percent), detoxification (17.8 percent), drug substitution (48.9 percent).

Figure 66 Involvement in booting practice while injecting



The more details about the IDUs risk behavior is documented in the situational assessment study conducted by APAC titled "HIV risk behavior of Injecting drug users".

Sharing of needles and access to sterile needles

IDUs are involved in various high-risk needle practices which make them vulnerable to HIV infection. The needle sharing practice was measured; Although 94 percent reported , they had access to sterile needles. 65.6 percent shared needles in the last month. (Figure 67)

Figure 67 IDU practice of sharing nedles/ syringe

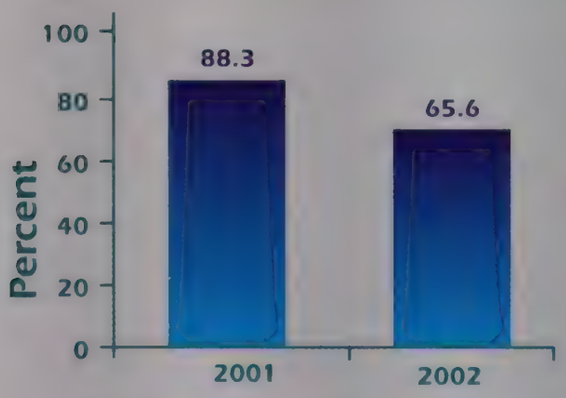
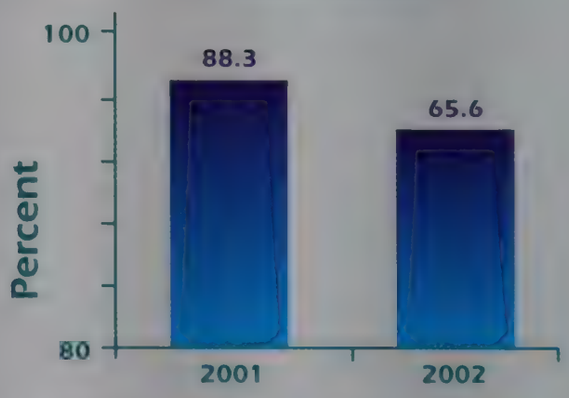


Figure 68 IDU access to sterile needles



Some of the rituals in which the IDUs involve while injecting are booting, using pre filled syringe, sharing the drug from a common solution, etc. They get into all these practices due to peer culture and because of the practice of injecting with groups. 31.6 percent of them reported of having used pre filled syringe in the last three months.

The IDUs have the practice of cleaning needles with water which is cold or boiled or distilled water. Sometimes use cotton swaps to clean the syringe/needle. 48.5 percent of them cleaned their syringes.(Figure 69) Among them 51.2 percent cleaned with cold water, 37.2 percent with hot water, 8.4 percent with water which is boiling, 2.4 percent cleaned with Alcohol.

Figure 69 IDU - Practice of cleaning needles / syringes while injecting

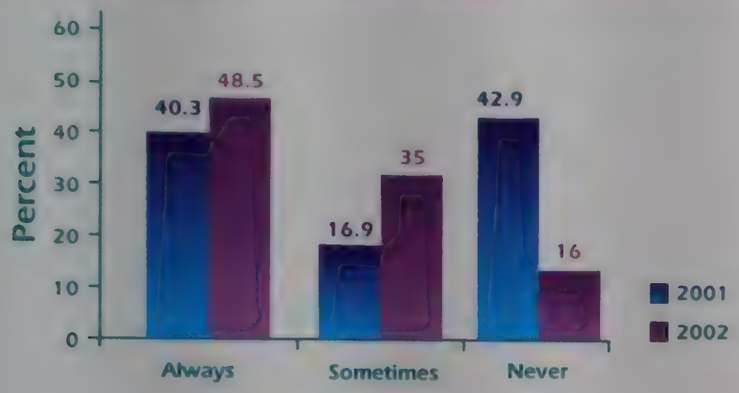


Figure 70 IDU - Practice of sharing drug from a common solution while injecting

50.8 percent of the IDUs reported of having shared their drug from a common solution in the past one month, 39.3 percent of them reported sometime, only 10 percent never shared the drug solution. (Figure 70)

Exposure to individual education on HIV/AIDS

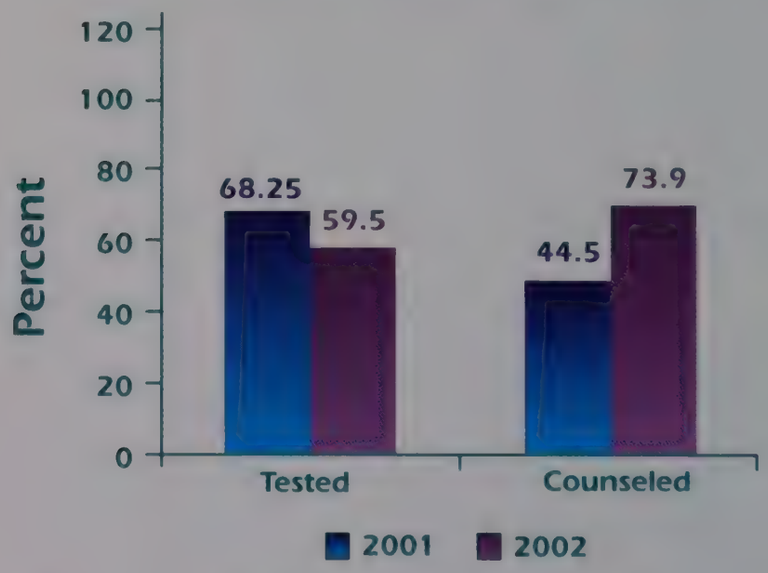
Only 34.8 percent of the IDUs have been exposed to one to one education on HIV/AIDS prevention in the last one year. (Figure 71)

HIV Voluntary Counseling and Testing

Voluntary counseling and testing is an important strategy for HIV/AIDS prevention and care. There fore three types of information were obtained during the survey: Proportion who were tested in the last year of them how many had gone voluntarily and the percentage who received counseling. Reasons for testing and the quality of service before and after testing were obtained during group discussions.

More than half (59.5) percent of CSWs were tested for HIV in the last year. Among them 50 percent had voluntarily undergone the test. Of those who got tested 73.9 percent of them have got pre and posttest counseling services. The voluntary HIV testing behavior has increased from 24 percent to 50 percent. Among those who got tested the proportion that got counseled has also increased from 44.5 to 73.9 percent (Figure 72).

Figure 72 Testing for HIV and Counseling Service - CSW



In Group discussion with CSW many of them said that since they are not completely free from the risk of HIV infection they go for screening of HIV. Some as frequently as every month. However they said that they did not get any counseling services to get relieved of their fear of the

MESSAGES FROM THE SURVEY FINDINGS

In Tamil Nadu, HIV/AIDS prevention has been executed by two key players TNSACS and APAC.APAC has focused on targeted intervention among specific groups like Truckers and helpers, Commercial Sex Workers and Male Youth in Slums. APAC implements prevention by supporting 40 NGO partners in the priority geographical clusters selected by APAC. BSS has been conducted every year in these geographical cluster areas where APAC has implemented intervention projects. APAC has also monitoring the prevention projects very closely. APAC supported NGOs collect process indicators, which help to strengthen the intervention program. BSS helps to capture the overall effort of the intervention in the geographical locations of APAC.

The HIV risk Behavior Surveillance Survey has served as an effective monitoring and evaluation tool. The behavior trends and the reasons for changes in the trends have helped APAC to evolve additional strategies to strengthen the existing prevention program. To cite an example :In the wave 5 of BSS, it was observed that the Truckers and helpers involvement in non-regular sex which was decreasing from 48 percent in 1996 to 21 percent in 1999, increased to 25 percent in the year 2000. The qualitative information obtained revealed that important reason for this change was the magic remedies promoted by satellite TV Channels. APAC used this information to advocate to Government health personnel's to curtail the messages on magic remedies. The outreach work one to one individual education was also strengthened to counter this. The condom usage of the Truckers and helpers was encouraging, as it steadily increased in non regular sex from 44 percent in the year 1996 to 78 percent in the year 2000.But the

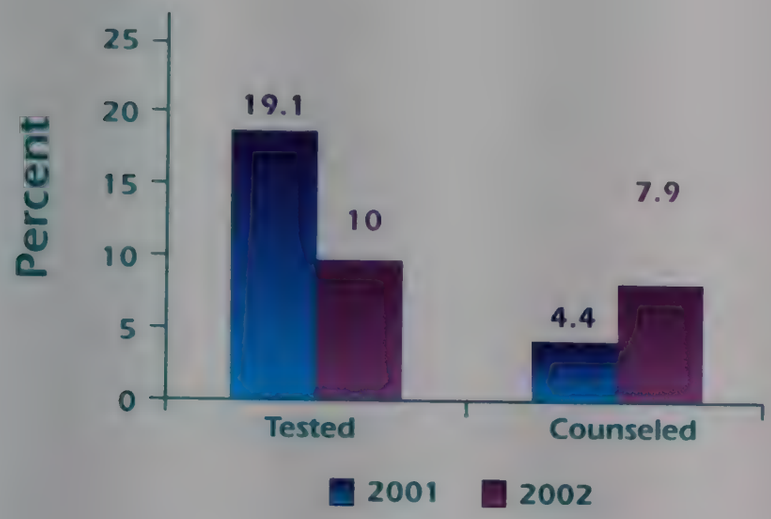
survey informed that condom use was low among the casual partners. NGO partners studied the dynamics of the casual partners and stressed the need to use condoms even with casual partners.

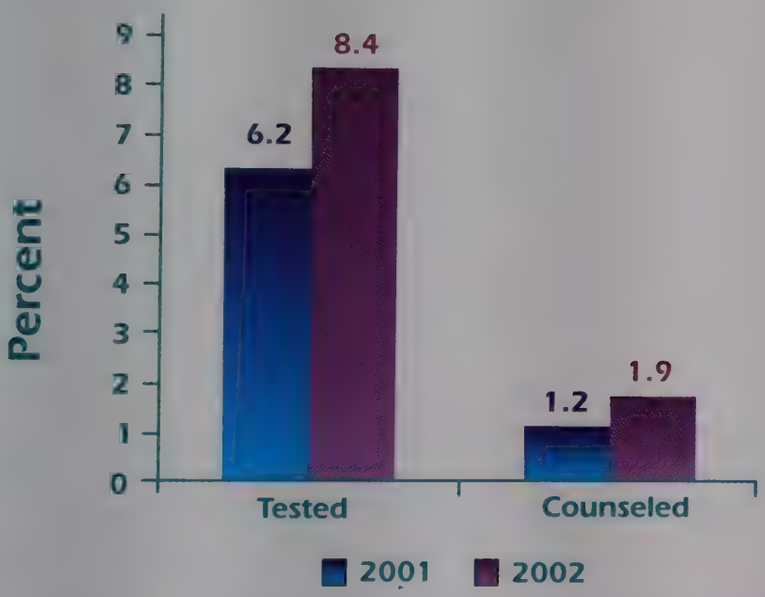
The trends obtained in wave 7 of BSS have similar messages for the intervention programs. It will help evolve additional strategies and activities for addressing the dynamics of behavior change among the population groups addressed by intervention. This chapter highlights some of the key messages from wave 7.

It is observed that the knowledge on the prevention of the diseases AIDS is high in all population groups, but their knowledge without misconception is low. The new misconceptions are evolving and old misconceptions are again found emerging among various population groups. It is observed that different messages from prevention, care and HIV anti retroviral treatment programs have confused the target population. Some of the main misconceptions on the prevention of AIDS:

- AIDS is a treatable disease and certain special hospitals treat AIDS patients
- Prophylactic medicines help preventing the spread of AIDS
- Healthy person does not get infected by HIV/AIDs
- If one has sex with few persons they will not get AIDS or STDs
- It is possible to identify the persons infected with AIDS as they will become very weak
- Using herbal disinfectants help to avoid transmission of the disease
- The disease transmission depends on the individual's immune system at the time of exposure.
- Taking prophylactic injections will help to avoid infection or

disease. They reported that the doctors/counselors told them that their blood is pure or impure. This information stresses the need for strengthening the quality of the counseling services and also follow- up of the individuals to improve their quality of life after the voluntary testing.





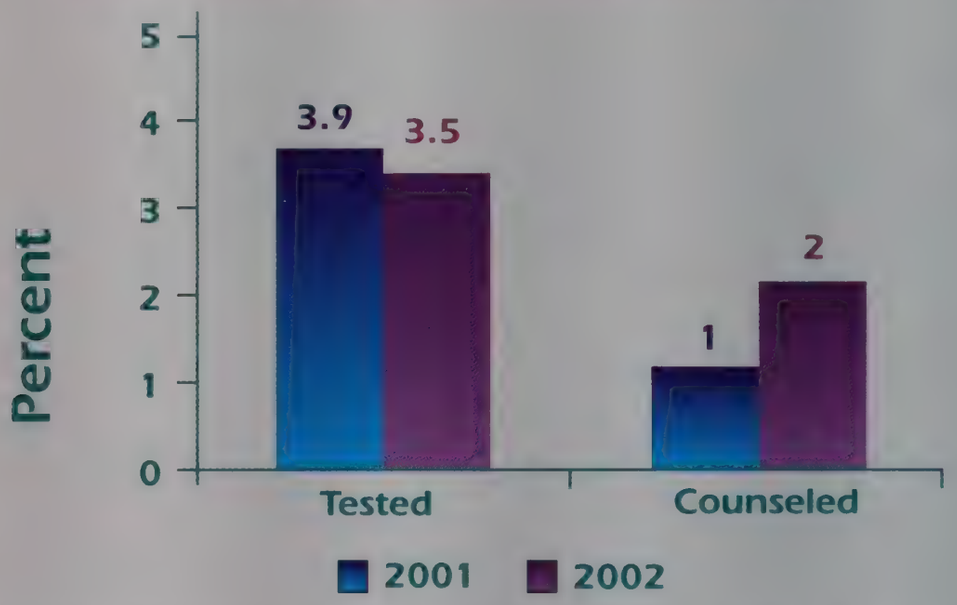
The proportion of Truckers and helpers reporting having been tested for HIV is lower at 10 percent, and only 16.8 percent were voluntarily tested. The proportion of them who received pre and posttest counseling services is low at 7.9 percent. (Figure 73)

The proportion of MFW who reported HIV testing was low at 8.4 percent. Among those who got tested voluntarily is also low at 6.6

percent. Only 1.9 percent has got the service of pre and post-test counseling. (Figure74). Though the reported involvement in high risk sexual practice is low among FFW, 3.1 percent of them have got tested for HIV and among them 2.6 have got tested voluntarily. 2 percent have got pre and post- test counseling services

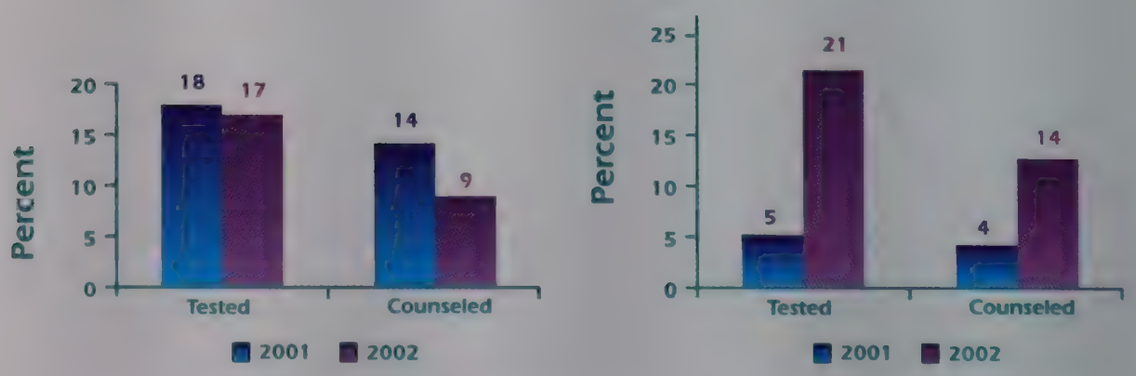
Less proportion of Male youth in slums has got tested voluntarily, 3.5 percent and 2 percent of them have got pre and post-test counseling service.

Figure 75 Testing for HIV and counseling services - MYS



The overall proportion of MSM who have got tested for HIV is 17 percent. Among them 16 percent have got tested voluntarily and 9 percent have got pre and post-test counseling service. (Figure 76)

Figure 76 Testing for HIV and counseling services - MSM



21.2 percent of the IDUs have got tested for HIV voluntarily in the last one-year and among them 21.2 percent have got pre and post-test counseling service. (Figure 77)

progression to the disease. The usual prophylactic is a penicillin or anti biotic tablet.

- AIDS patients should be kept alone as the disease may spread through air also.
- Social contacts like touching, hugging and kissing the AIDS infected person will make one get infected.
- One should not live near the patient, as insect bites will spread the infection.

All these misconceptions stated above are observed in all the population groups. It is essential to take measures to address on the misconception as it will influence the population group's involvement in unsafe sex, reduce treatment seeking behavior and increase the stigma and discrimination towards the already infected persons. It is important to give simple and right messages on treatment and care for HIV. Increase in knowledge level without misconception and confusions will alone help to sustain the behavior change, that has happened.

The next important message from the CSW groups is that the trends in condom usage with a non-regular partner is getting stabilized and it is essential to address the hard group. The programs have helped CSW to increase condom usage with the non regular partners and their regular clients but it can be observed that condom usage is low and it is reducing with their live in partners. Condom usage with clients has steadily increased from 56 percent in the year 1996 to 91 percent in the year 2000 and it as at 88 percent in the year 2002. Among regular clients it increased from 51.5 percent in the year 1998 to 88 percent in the year 2002.It is remaining at same level for the last two years. But the condom usage with live in partners is a concern as live in partners of CSW are also associated with the sex circuit .CSW are not empowered to use condom with their live in partners and condom usage with their live in partners is low at 23.3 percent.

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ANNEXURES

Respondent Profile in the Seven Waves of BSS - Commercial Sex Workers - Tamil Nadu

	CSW						
Characteristics	Wave1	Wave2	Wave3	Wave4	Wave5	Wave6	Wave7
Base :							
Age							
Upto 17 years	0.3	1	0.7	0.4	0.3	0.0	0.0
18-20 years	4.8	5.3	3.7	4.2	3.3	2.0	1.3
21-25 years	17	18.3	14	11.4	16.0	12.5	13.3
26-30 years	30.8	35.8	26.4	38.2	32.3	28.5	31.3
31-35 years	23.3	29.5	22.7	41.2	25.3	32.5	32.8
36-40 years	17.8	9.8	21.9	4.2	19.5	19.3	16.5
41-50 years	5.5	0.5	10.6	0.2	3.3	5.3	5.0
51+ years	0.8	0	0	0.0	0.3	-	-
Mean age	31.2	29.3	32.1	30.0	29.9	31.9	31.7
Marital Status							
Unmarried, single	4.5	4.8	3.7	7.4	9.6	7.0	4.5
Unmarried, living with someone	17.8	20.8	15.8	4.7	5.8	2.0	2.5
Married, living with spouse	33.3	33.8	28.1	46.9	34.7	41.8	44.6
Married, not living with spouse	33.8	26	32	35.0	6.8	3.5	28.1
Divorced	0.8	1.8	3	3.7	30.4	34.3	5.5
Widowed	10	13	17.5	2.3	12.7	11.5	14.8
Illiterate	38.3	47.5	47.5	24.8	19.3	17.5	24.8
Literate but no formal schooling	6.5	5.8	8.4	7.4	9.5	8.3	8.8
Upto Class V	23.5	14.8	17.7	26.8	26.8	29.0	27.8
Class VI to SSC/HSC/SSLC/PUC/ Inter/Matriculation	31.1	31.1	31.8	38.9	43.3	45.0	38.3
Diploma	0	0	1	0.2	1.3	0.0	0.0
Graduation and above	0.8	1.3	0.7	1.2	0.0	0.3	0.3

Respondent Profile in the Seven Waves of BSS - Truckers - Tamil Nadu

Characteristics	Truckers						
	Wave1	Wave2	Wave3	Wave4	Wave5	Wave6	Wave7
Base :							
Age							
Upto 17 years	0.2	0.5	0.0	0.0	0.0	0.2	0.0
18-20 years	14.2	13.1	14.9	15.1	13.7	15.0	13
21-25 years	31.3	28.4	24.8	29.8	25.7	27.6	27
26-30 years	24.1	25.0	29.1	25.5	27.6	22.1	30
31-35 years	17.6	17.8	21.0	24.7	21.8	19.0	26
36-40 years	8.0	7.9	5.7	3.4	8.9	10.5	3
41-50 years	3.9	6.7	4.4	1.6	2.3	4.9	1
51+ years	0.9	0.7	0.1	0.0	0.1	0.7	0
Mean age	27.7	28.3	27.9	27.0	28.0	28.2	27.5
Marital Status							
Unmarried, single	50.4	47.3	42.8	51.0	43.1	48.5	46
Unmarried, living with someone	1.3	1.3	0.2	0.6	0.4	1.0	0
Married, living with spouse	48.2	50.3	54.0	46.6	53.1	48.3	53
Married, not living with spouse	0.0	0.3	1.0	0.7	0.4	0.1	0
Divorced	0.0	0.1	0.8	0.2	2.3	1.0	0
Widowed	0.2	0.8	1.5	0.8	0.7	1.2	0
Illiterate	5.4	8.0	3.9	6.6	6.0	3.6	3
Literate but no formal schooling	3.6	4.1	3.9	7.2	2.7	4.8	3
Upto Class V	16.6	13.1	13.3	16.8	20.8	14.7	27
Class VI to SSC/HSC/SSLC/PUC/ Inter/Matriculation	72.7	72.6	75.4	67.5	67.6	75.3	66
Diploma	0.6	1.4	1.6	0.6	1.1	1.0	1
Graduation and above	1.2	0.9	1.7	1.3	1.7	0.7	1

Respondent Profile in the Seven Waves of BSS - Male Youth in Slums - Tamil Nadu

MYS							
Characteristics	**Wave1**	**Wave2**	**Wave3**	**Wave4**	**Wave5**	**Wave6**	**Wave7**
Base :					805	800	
Age							
Up to 17 years					3.0	13.9	0.1
18-20 years					47.6	41.3	69.6
21-25 years					49.4	44.8	29.7
26-30 years							
31-35 years							
36-40 years							
41-50 years							
51+ years							
Mean age					20.7	20.2	20.1
Marital Status							
Unmarried, single	Not Covered	Not Covered	Not Covered	Not Covered	100	99.8	99.0
Unmarried, living with someone						0.2	0.5
Married, living with spouse							0.5
Married, not living with spouse							
Divorced							
Widowed							
Educational							
Illiterate					10.7	4.7	4.5
Literate but no formal schooling					4.2	2.3	2.1
Upto Class V					18.7	13.5	22.7
Class VI to SSC/HSC/ SSLC/ PUC/ Inter/Matriculation					60.6	72.1	63.2
Diploma					1.5	4.2	3.0
Graduation and above					4.2	3.2	4.6

Respondent Profile in the Seven Waves of BSS - Male Students - Tamil Nadu

MS							
Characteristics	**Wave1**	**Wave2**	**Wave3**	**Wave4**	**Wave5**	**Wave6**	**Wave7**
Base :	1813	1800			1712		
Age							
Up to 17 years	45.9	40.2			42.0		
18-20 years	46.4	47.9			41.3		
21-25 years	7.7	11.8			16.6		
26-30 years							
31-35 years							
36-40 years							
41-50 years							
51+ years							
Mean age					18.3		
Marital Status							
Unmarried, single	100	100	Not Covered	Not Covered	100	Not Covered	Not Covered
Unmarried, living with someone							
Married, living with spouse							
Married, not living with spouse							
Divorced							
Widowed							
Educational							
Illiterate							
Literate but no formal schooling							
Upto Class V							
Class VI to SSC/HSC/ SSLC/ PUC/ Inter/Matriculation	44.2	38.3			45.3		
Diploma	53.8	55.5			42.1		
Graduation and above	2.1	6.3			12.5		

Respondent Profile in the Seven Waves of BSS - Female Students - Tamil Nadu

FS							
Characteristics	**Wave1**	**Wave2**	**Wave3**	**Wave4**	**Wave5**	**Wave6**	**Wave7**
Base :	6196	6135			6109		
Age							
Up to 17 years	53.4	51.9			53.6		
18-20 years	36.5	37.4			36.6		
21-25 years	10	10.7			9.8		
26-30 years							
31-35 years							
36-40 years							
41-50 years							
51+ years							
Mean age					18.2		
Marital Status							
Unmarried, single	100	100	Not Covered	Not Covered	100	Not Covered	Not Covered
Unmarried, living with someone							
Married, living with spouse							
Married, not living with spouse							
Divorced							
Widowed							
Educational							
Illiterate							
Literate but no formal schooling							
Upto Class V							
Class VI to SSC/HSC/ SSLC/ PUC/ Inter/Matriculation	42.8	41.8			47.9		
Diploma	48.4	47.6			42.2		
Graduation and above	8.8	10.5			9.9		

Respondent Profile in the Seven Waves of BSS - Male Factory Workers - Tamil Nadu

	MFW						
Characteristics	Wave1	Wave2	Wave3	Wave4	Wave5	Wave6	Wave7
Base :	1386	1963	1956	1804	1824	1788	
Age							
Upto 17 years	0.0	0.0	0.0	0.0	0.0	0.1	0.7
18-20 years	10.6	14.5	11.8	12.7	11.5	9.4	10.7
21-25 years	27.1	29.4	27.1	26.5	21.3	27.1	28.3
26-30 years	30.2	27.9	27.5	26.8	29.6	31.2	28.6
31-35 years	32.2	28.2	33.8	32.7	37.7	32.2	31.6
36-40 years	0.0	0.0	0.0	1.1	0.0	0.0	0.2
41-50 years	0.0	0.0	0.0	0.0	0.0	0.0	0.1
51+ years	0.0	0.0	0.0	0.0	0.0	0.0	0.5
Mean age	27.4	26.8	27.4	27.2	28.2	27.6	27.3
Marital Status							
Unmarried, single	48.2	5.2	48.0	45.4	41.2	47.5	47.8
Unmarried, living with someone	0.2	0	0.2	0.4	0.4	0.4	0.4
Married, living with spouse	51.2	27.5	51.3	52.8	56.7	50.9	51.4
Married, not living with spouse	0.2	0.2	0.2	0.8	0.4	0.1	0.1
Divorced	0.1	0.0	0.0	0.8	0.8	0.7	0.1
Widowed	0.1	0.1	0.2	0.3	0.5	0.4	0.2
Education							
Illiterate	1.2	1.5	1.1	2.3	0.8	1.4	0.5
Literate but no formal schooling	0.5	0.6	0.6	2.8	0.3	1.9	0.8
Upto Class V	6.8	5.5	5.0	8.2	7.9	7.8	801
Class VI to SSC/HSC/SSLC/PUC/ Inter/Matriculation	72.6	72.6	73.3	66.7	68.2	70.4	74.1
Diploma	14.1	14.7	13.9	15.1	17.1	17.3	13.8
Graduation and above	4.9	5.2	5.0	4.6	5.6	1.3	2.3
Occupation							
Truck drivers/ Owner Drivers							
Truck Helpers/ Cleaners							
Skilled Factory Workers	72.7	84.1	77.2	81.6	78.9		
Unskilled Factory Workers	27.3	15.9	22.8	18.4	21.1		
Sugarcane Cutter							
Quarry worker							
Construction worker							
Cook							
Fish Vendor							
Cotton industry/ Bed Maker							

Respondent Profile in the Seven Waves of BSS - Female Factory Workers - Tamil Nadu

	FFW						
Characteristics	Wave1	Wave2	Wave3	Wave4	Wave5	Wave6	Wave7
Base :	1873	1691	1720	1607	1609	1607	
Age							
Upto 17 years	0.0	0.0	0.0	0.0	0.0	0.1	0.1
18-20 years	42.4	41.3	38.4	33.5	39.7	28.9	32.1
21-25 years	24	24	19.4	21.7	22.2	27.1	23.8
26-30 years	18.3	19.3	18.7	21.4	20.1	20.7	19.5
31-35 years	15.3	15.4	23.4	23.4	18.8	23.2	24.3
36-40 years	0.0	0.0	0.0	0.0	0.0	0.0	0.0
41-50 years	0.0	0.0	0.0	0.0	0.0	0.0	0.1
51+ years	0.0	0.0	0.0	0.0	0.0	0.0	0.1
Mean age	23.7	23.8	24.7	25.2	24.5	25.2	25.1
Marital Status							
Unmarried, single	54.2	52.8	44.8	44.5	47.7	42.7	42.7
Unmarried, living with someone	0.1	0.5	1.3	0.1	0.1	0.0	0.0
Married, living with spouse	37.4	40.7	45.2	46.9	45.7	48.8	51.5
Married, not living with spouse	3.6	2.4	2.6	0.9	0.9	0.2	2.2
Divorced	0.9	0.5	0.9	2.7	2.5	4.1	0.3
Widowed	3.9	3.2	5.2	4.9	3.1	4.2	3.1
Education							
Illiterate	11.2	5.1	4.4	13.0	9.3	10.7	8.5
Literate but no formal schooling	2.8	5.3	2.5	3.3	2.3	2.2	0.4
Upto Class V	16	14.3	16.9	21.1	19.4	21.7	19.3
Class VI to SSC/HSC/SSLC/PUC/ Inter/Matriculation	67.6	71.0	73.9	61.2	67.8	64.3	70.9
Diploma						0.6	0.3
Graduation and above						0.4	0.6
Occupation							
Truck drivers/ Owner Drivers							
Truck Helpers/ Cleaners							
Skilled Factory Workers							
Unskilled Factory Workers							
Sugarcane Cutter							
Quarry worker							
Construction worker							
Cook							
Fish Vendor							
Cotton industry/ Bed Maker							

Respondent Profile in the Seven Waves of BSS - Male and Female Migrant Workers - Tamil Nadu

Characteristics	MMW Wave7	FMW Wave7
Base :	350	350
Age		
Upto 17 years	0	0
18-20 years	11.7	22.4
21-25 years	36.6	17.2
26-30 years	28.9	32.8
31-35 years	15.7	14.0
36-40 years	6.3	8.4
41-50 years	0.9	5.2
51+ years	0	0
Mean age	26.7	27.5
Marital Status		
Unmarried, single		17.6
Unmarried, living with someone		
Married, living with spouse	41.7	82.4
Married, not living with spouse		
Divorced		
Widowed		
Education		
Illiterate	9.1	64.0
Literate but no formal schooling	6.0	3.6
Upto Class V	36.3	18.0
Class VI to SSC/HSC/SSLC/PUC/ Inter/Matriculation	46.6	14.4
Diploma	0.6	0
Graduation and above	1.1	0
Occupation		
Truck drivers/ Owner Drivers		
Truck Helpers/ Cleaners		
Skilled Factory Workers		
Unskilled Factory Workers		
Sugarcane Cutter	5.7	4.8
Quarry worker	16.6	14.8
Construction worker	37.7	31.2
Cook	1.1	0
Fish Vendor	0	0
Cotton industry/ Bed Maker	5.7	0

BSS Indicators - Commercial Sex Workers - Tamil Nadu

Indicators	CSW						
	BSS 1	BSS 2	BSS 3	BSS 4	BSS 5	BSS 6	BSS 7
Sample Covered	400	400	406	403	400	400	400
Atleast two acceptable ways of preventing STD	338	387	393	391	395	390	395
Base-All respondents	400	400	406	403	400	400	400
Percentage	85.0	97.0	96.8	97.0	98.7	97.5	98.8
Condoms prevent STD	347	383	397	395	388	382	392
Base-All respondents	400	400	406	403	400	400	400
Percentage	86.0	96.0	97.8	98.0	97.0	95.5	98.0
Aware of two acceptable ways of preventing HIV/AIDS	344	390	403	395	393	394	393
Base-All respondents	400	400	406	403	400	400	400
Percentage	86.0	98.0	96.6	98.0	98.2	98.5	98.3
Condoms prevent HIV/AIDS	355	387	392	387	393	393	393
Base-All respondents	400	400	406	403	400	400	400
Percentage	89.0	97.0	96.6	96.0	98.2	98.3	98.3
Sexual intercourse with non-regular partner last year	400	400	406	403	400	400	400
Base-All respondents	400	400	406	403	400	400	400
Percentage	100	100	100	100	100	100	100
Condom use during last non-regular sexual intercourse	225	295	325	355	365	353	52
Base-Respondents reporting non-regular sex in the last 12 months	400	406	406	403	400	400	400
Percentage	56.0	74.0	80.0	88.1	91.2	88.3	88.0
Sample Covered	400	400	406	403	400	400	400
Condom use during last paid sexual intercourse							
Base-Respondents reporting paid sex in the last 12 months							
Percentage							
Condom use during last non- regular sex with casual partner							
Base-Respondents reporting casual sex in the last 12 months							
Percentage							
Symptoms of urethritis in the last 12 months							
Base-All respondents							
Percentage							
Last treatment from qualified allopathic doctor/clinic							
Base-Respondents reporting symptoms of urethritis in the last 12 months							
Percentage							
Risk perceived (high/slight changes of contracting HIV/AIDS)	73	45	35	27	21	23	23
Base-Respondents reporting no condom use during last non-regular sex	175	105	71	48	35	47	48
Percentage	42.0	43.0	49.3	56.2	60.0	49.0	47.9
Number of people tested for HIV/AIDS						273	238
Base-All Respondents						400	400
Percentage						68.3	59.5
Number of respondents who underwent test for HIV/AIDS voluntarily						96	200
Base-Respondents reported tested for HIV/AIDS						273	238
Percentage						35.2	84.0
Number of respondents who are counseled for either before or after HIV/AIDS test						178	176
Base-Respondents who reported tested for HIV/AIDS						273	238
Percentage						65.2	73.9

BSS Indicators - Truckers and Helpers - Tamil Nadu

Indicators	TH						
	BSS 1	BSS 2	BSS 3	BSS 4	BSS 5	BSS 6	BSS 7
Sample Covered	689	864	863	833	814	841	800
At least two acceptable ways of preventing STD	631	821	826	801	801	810	775
Base-All respondents	689	864	863	833	814	841	800
Percentage	92.0	95.0	95.7	96.2	98.4	96.3	96.8
Condoms prevent STD	579	771	827	802	804	823	722
Base-All respondents	689	864	863	833	814	841	800
Percentage	84.0	89.0	95.8	96.3	98.8	97.8	90.3
Aware of two acceptable ways of preventing HIV/AIDS	655	838	829	804	802	838	780
Base-All respondents	689	864	863	833	814	841	800
Percentage	95.0	97.0	96.1	96.5	98.5	99.6	97.5
Condoms prevent HIV/AIDS	531	744	784	798	804	820	737
Base-All respondents	689	864	863	833	814	841	800
Percentage	77.0	86.0	90.8	95.8	98.8	97.5	92.1
Sexual intercourse with non-regular partner last year	329	299	273	175	204	196	217
Base-All respondents	689	864	863	833	814	841	800
Percentage	48.0	35.0	31.6	21.0	25.1	23.3	27.1
Condom use during last non-regular sexual intercourse	144	151	180	117	143	153	160
Base-Respondents reporting non-regular sex in the last 12 months	299	273	211	175	204	196	217
Percentage	44.0	51.0	65.8	66.9	70.1	78.1	73.7
Sexual intercourse with a paid partner in last 12 months	**262**	**233**	**215**	**137**	**149**	**145**	**169**
Base-All Respondents	**689**	**864**	**863**	**833**	**814**	**841**	**800**
Percentage	**30.0**	**27.0**	**24.9**	**16.4**	**18.3**	**17.2**	**21.1**
Condom use during last paid sexual intercourse	144	154	161	109	123	136	153
Base-Respondents reporting paid sex in the last 12 months	262	233	215	137	149	145	169
Percentage	55.0	66.0	75.0	79.6	82.6	93.8	90.5
Sexual intercourse with a casual partner in the last 12 months	113	90	74	93	104	109	93
Base-All Respondents	689	864	863	833	814	841	800
Percentage	16.4	10.4	8.6	11.2	12.8	12.9	11.6
Condom use during last non-regular sex with casual partner	21	14.	32	35	46	50	34
Base-Respondents reporting causal sex in the last 12 months	113	90	74	93	104	109	93
Percentage	19.0	16.0	43.0	37.6	44.2	45.9	36.6
Number of respondents reported involvement in sexual intercourse with another male						17	7
Base- All respondents						841	800
Percent						2.0	0.9
Number of respondents reported involvement in anal sex						1	3
Base- Respondents reported involvement in sexual intercourse with a male partner						841	800
Percent						0	0.4

BSS Indicators- Truckers and Helpers - Tamil Nadu (contd.)

Indicators	TH						
	BSS 1	BSS 2	BSS 3	BSS 4	BSS 5	BSS 6	BSS 7
Condom usage in the last anal sexual intercourse with a male partner						0	0
Base- Respondents reported involvement in sexual intercourse with a male partner						1	3
Percent						0	0
Symptoms of urethritis in the last 12 months	61	71	98	76	65	70	38
Base-All respondents	689	864	863	833	814	841	800
Percentage	9.0	8.0	11.4	9.1	8.0	8.3	4.6
Last treatment from qualified allopathic doctor/clinic	39	56	78	68	56	55	28
Base-Respondents reporting symptoms of urethritis in the last 12 months	61	71	98	76	65	70	38
Percentage	64.0	79.0	80.0	89.5	86.1	78.6	73.7
Risk perceived (high/slight changes of contracting HIV/AIDS)	66	51	42	38	42	46	39
Base-Respondents reporting no condom use during last non-regular sex	185	38	93	58	61	66	57
Percentage	38.0	34.0	45.2	65.4	68.8	69.7	67.7
Risk perceived (high/slight changes of contracting HIV/AIDS)						0	0
Base-Respondents reporting no condom use during last anal sex with a male partner						1	3
Percentage						0	0
Number of people tested for HIV/AIDS						161	80
Base-All Respondents						841	800
Percentage						19.1	10.0
Number of respondents who underwent test for HIV/AIDS voluntarily						134	67
Base - Respondents reported tested for HIV/AIDS						161	80
Percentage						83.2	83.0
Number of respondents who are counseled for either before or after HIV/AIDS test						37	22
Base-Respondents who reported tested for HIV/AIDS						161	67
Percentage						23.0	32.8

BSS Indicators - Male Factory Workers - Tamil Nadu

Indicators	MFW						
	BSS 1	BSS 2	BSS 3	BSS 4	BSS 5	BSS 6	BSS 7
Sample Covered	1386	1963	1956	1804	1824	1788	1800
Atleast two acceptable ways of preventing STD	1232	1818	1867	1698	1788	1788	1769
Base-All respondents	1386	1963	1956	1804	1824	1836	1800
Percentage	89.0	93.0	95.4	94.1	98.0	97.4	98.30
Condoms prevent STD	1137	1696	1800	1643	1559	1681	1670
Base-All respondents	1386	1963	1956	1804	1824	1836	1800
Percentage	82.0	86.0	92.0	91.1	85.5	91.6	92.8
Aware of two acceptable ways of preventing HIV/AIDS	1290	1920	1915	1783	1807	1824	1774
Base-All respondents	1386	1963	1956	1804	1824	1836	1800
Percentage	93.0	98.0	97.9	98.8	99.1	99.3	98.6
Condoms prevent HIV/AIDS	1124	1740	1830	1715	1522	1761	1679
Base-All respondents	1386	1963	1956	1804	1824	1836	1800
Percentage	81.0	89.0	93.6	95.1	83.4	96.0	93.3
Sexual intercourse with non-regular partner last year	211	213	177	166	158	177	208
Base-All respondents	1386	1963	1956	1804	1824	1836	1800
Percentage	15.0	11.0	9.0	9.2	8.7	9.6	11.6
Condom use during last non-regular sexual intercourse	38	53	89	80	44	60	94
Base-Respondents reporting non-regular sex in the last 12 months	213	177	51	166	158	177	208
Percentage	17.0	25.0	50.3	48.2	27.8	33.9	45.2
Sexual intercourse with a paid partner in the last 12 months	97	79	92	86	44	88	75
Base-All Respondents	1386	1963	1956	1804	1824	1788	1800
Percentage	7.0	4.0	4.7	4.8	2.4	4.9	4.2
Condom use during last paid sexual intercourse	27	32	62	58	23	55	66
Base-Respondents reporting paid sex in the last 12 months	97	79	92	86	44	88	75
Percentage	28.0	41.0	67.0	67.4	52.3	62.5	88.0
Sexual intercourse with a casual partner in the last 12 months	159	151	98	110	125	102	142
Base-All Respondents	1386	1963	1956	1804	1824	1788	1800
Percentage	11.5	7.7	5.0	6.1	6.9	5.7	7.9
Condom use during last non-regular sex with casual partner	20	25	36	33	27	28	31
Base-Respondents reporting causal sex in the last 12 months	159	151	98	110	125	102	142
Percentage	13.0	17.0	37.0	30.0	21.6	27.5	21.8

BSS Indicators - Male Factory Workers - Tamil Nadu (contd.)

Indicators	MFW						
	BSS 1	BSS 2	BSS 3	BSS 4	BSS 5	BSS 6	BSS 7
Sample Covered	1386	1963	1956	1804	1824	1788	1800
Number of respondents reported involvement in sexual intercourse with another male						15	14
Base- All respondents						1836	1800
Percent						0.8	0.8
Number of respondents reported involvement in anal sex						4	3
Base- Respondents reported involvement in sexual intercourse with a male partner						1836	1800
Percent						0.2	0.2
Condom usage in the last anal sexual intercourse with a male partner						0	1
Base- Respondents reported involvement in sexual intercourse with a male partner						4	3
Percent						0	33.3
Symptoms of urethritis in the last 12 months	31	24	59	54	38	79	30
Base-All respondents	1386	1963	1956	1804	1824	1838	1800
Percentage	2.0	1.0	3.0	3.0	2.1	4.3	1.7
Last treatment from qualified allopathic doctor/clinic	18	20	37	28	17	37	16
Base-Respondents reporting symptoms of urethritis in the last 12 months	31	24	59	54	38	79	30
Percentage	58.0	83.0	63.0	51.9	44.7	46.8	53.3
Risk perceived (high/slight changes of contracting HIV/AIDS)	47	29	30	22	25	27	28
Base-Respondents reporting no condom use during last non-regular sex	175	160	88	86	114	117	114
Percentage	27.0	18.0	34.1	25.6	21.9	23.1	24.6
Risk perceived (high/slight changes of contracting HIV/AIDS)						0	1
Base-Respondents reporting no condom use during last anal sex with a male partner						4	2
Percentage						0	50.0
Number of people tested for HIV/AIDS						113	152
Base-All Respondents						1836	1800
Percentage						6.2	8.4
Number of respondents who underwent test for HIV/AIDS voluntarily						86	119
Base - Respondents reported tested for HIV/AIDS						113	152
Percentage						76.1	78.3
Number of respondents who are counseled for either before or after HIV/AIDS test						29	35
Base-Respondents who reported tested for HIV/AIDS						113	152
Percentage						25.7	23.0

BSS Indicators - Male Students - Tamil Nadu

Indicators	MS		
	BSS 1	BSS 2	BSS 5
	1813	1800	1712
Atleast two acceptable ways of preventing STD	1511	1563	1624
Base-All respondents	1813	1800	1712
Percentage	83.0	86.0	94.8
Condoms prevent STD	1542	1553	1514
Base-All respondents	1813	1800	1712
Percentage	85.0	86.0	88.4
Aware of two acceptable ways of preventing HIV/AIDS	1587	1674	1666
Base-All respondents	1813	1800	1712
Percentage	88.0	93.0	97.3
Condoms prevent HIV/AIDS	1584	1586	1554
Base-All respondents	1813	1800	1712
Percentage	86.0	87.0	90.8
Sexual intercourse with non-regular partner last year	51	60	90
Base-All respondents	1813	1800	1712
Percentage	3.0	3.0	5.3
Condom use during last non-regular sexual intercourse	21	24	35
Base-Respondents reporting non-regular sex in the last 12 months	51	60	90
Percentage	41.0	40.0	36.7
Sexual intercourse with a paid partner	18	18	26
Base - All Respondents	1813	1800	1712
Percentage	0.9	1.0	1.5
Condom use during last paid sexual intercourse	15	10	15
Base-Respondents reporting paid sex in the last 12 months	18	18	26
Percentage	80.0	65.0	57.7
Sexual intercourse with a casual partner	47	57	84
Base - All Respondents	1813	1800	1712
Percentage	2.6	3.2	4.9
Condom use during last non-regular sex with casual partner	20	22	28
Base-Respondents reporting causal sex in the last 12 months	47	57	84
Percentage	43	39	33.3
Symptoms of urethritis in the last 12 months	50	109	134
Base-All respondents	1813	1800	1712
Percentage	3	6	7.8
Last treatment from qualified allopathic doctor/clinic	9	23	17
Base-Respondents reporting symptoms of urethritis in the last 12 months	50	109	134
Percentage	18	21	12.7
Risk perceived (high/slight changes of contracting HIV/AIDS)	10	10	19
Base-Respondents reporting no condom use during last non-regular sex	30	36	55
Percentage	33	28	34.5

BSS Indicators - Female Students - Tamil Nadu

Indicators	FS		
	BSS 1	BSS 2	BSS 5
	6196	6135	6109
Atleast two acceptable ways of preventing STD	4113	4540	5540
Base-All respondents	6196	6135	6109
Percentage	66.0	74.0	90.7
Condoms prevent STD	3647	4194	4170
Base-All respondents	6196	6135	6109
Percentage	59.0	68.0	68.3
Aware of two acceptable ways of preventing HIV/AIDS	4684	5133	5693
Base-All respondents	6196	6135	6109
Percentage	70.0	84.0	93.2
Condoms prevent HIV/AIDS	3743	4247	4286
Base-All respondents	6196	6135	6109
Percentage	60.0	69.0	70.2
Sexual intercourse with non regular partner last year	60	15	195
Base-All respondents	6196	6135	6109
Percentage	1.0	0.2	3.2
Condom use during last non-regular sexual intercourse	23	6	121
Base-Respondents reporting non-regular sex in the last 12 months	60	15	195
Percentage	38.0	40.0	62.0
Condom use during last paid sexual intercourse			
Base-Respondents reporting paid sex in the last 12 months			
Percentage			
Condom use during last non-regular sex with casual partner			
Base-Respondents reporting causal sex in the last 12 months			
Percentage			
Symptoms of urethritis in the last 12 months			
Base-All respondents			
Percentage			
Last treatment from qualified allopathic doctor/clinic			
Base-Respondents reporting symptoms of urethritis in the last 12 months			
Percentage			
Risk perceived (high/slight changes of contracting HIV/AIDS)	22	2	43
Base-Respondents reporting no condom use during last non-regular sex	37	9	74
Percentage	59	22	58.1

BSS Indicators - Male Youth in Slums - Tamil Nadu

Indicators	MYS		
	BSS 5	BSS 6	BSS 7
	805	800	806
At least two acceptable ways of preventing STD	789	755	762
Base-All respondents	805	800	806
Percentage	98.0	94.4	94.5
Condoms prevent STD	765	703	719
Base-All respondents	805	800	806
Percentage	95.0	87.9	89.2
Aware of two acceptable ways of preventing HIV/AIDS	795	795	773
Base-All respondents	805	800	806
Percentage	98.7	99.3	95.9
Condoms prevent HIV/AIDS	775	771	738
Base-All respondents	805	800	806
Percentage	96.3	96.4	91.6
Sexual intercourse with non regular partner last year	138	107	136
Base-All respondents	805	800	806
Percentage	17.1	13.3	16.9
Condom use during last non-regular sexual intercourse	64	56	52
Base-Respondents reporting non-regular sex in the last 12 months	138	107	136
Percentage	46.4	52.3	38.2
Sexual intercourse with a paid partner	89	64	50
Base-All respondents	805	800	806
Percentage	11.1	8.0	6.2
Condom use during last paid sexual intercourse	52	44	41
Base-Respondents reporting paid sex in the last 12 months	89	64	50
Percentage	58.4	68.8	82.0
Sexual intercourse with a casual partner	77	61	90
Base-All respondents	805	800	806
Percentage	9.5	7.6	11.1
Condom use during last non-regular sex with casual partner	21	18	14
Base-Respondents reporting causal sex in the last 12 months	77	61	90
Percentage	27.3	29.5	15.6
Number of respondents reported involvement in sexual intercourse with another male	36	95	21
Base- All respondents	800	800	806
Percent	4.5	11.9	2.6
Number of respondents reported involvement in anal sex	18	69	10
Base- Respondents reported involvement in sexual intercourse with a male partner	800	800	21
Percent	2.3	8.6	47.6
Condom usage in the last anal sexual intercourse with a male partner	3	51	0
Base- Respondents reported involvement in sexual intercourse with a male partner	18	69	10
Percent	16.7	73.9	0
Symptoms of urethritis in the last 12 months	50	42	32
Base-All respondents	805	800	800
Percentage	6.2	5.3	4.0
Last treatment from qualified allopathic doctor/clinic	23	14	18
Base-Respondents reporting symptoms of urethritis in the last 12 months	50	42	32
Percentage	46.0	33.3	56.3
Risk perceived (high/slight changes of contracting HIV/AIDS)	21	17	29
Base-Respondents reporting no condom use during last non-regular sex	74	51	84
Percentage	28.4	33.3	34.5
Risk perceived (high/slight changes of contracting HIV/AIDS)		3	2
Base-Respondents reporting no condom use during last anal sex with a male partner		17	10
Percentage		17.6	20.0

BSS Indicators - Male Youth in Slums - Tamil Nadu (contd.)

Indicators	MYS		
	BSS 5	BSS 6	BSS 7
Number of people tested for HIV/AIDS		31	28
Base-All Respondents		800	806
Percentage		3.9	3.5
Number of respondents who underwent test for HIV/AIDS voluntarily		23	24
Base - Respondents reported tested for HIV/AIDS		31	800
Perceptage		7.4	3.0
Number of respondents who are counseled for either before or after			
No. of Respoondents who underwent test for HIV/AIDS voluntarily		7	15
Base-Respondents who reported tested for HIV/AIDS		31	806
Percentage		22.6	1.9

BSS Indicators- Injecting Drug Users and Men who have Sex with Men - Tamil Nadu

Indicators	IDU		MSM	
	WAVE 6	WAVE 7	WAVE 6	WAVE 7
Sample Covered	77	250	125	300
Atleast two acceptable ways of preventing STD	64	245	97	299
Base-All respondents	77	250	125	300
Percentage	83.1	98.0	77.6	99.7
Condoms prevent STD	62	234	97	297
Base-All respondents	77	250	125	300
Percentage	80.5	93.6	77.6	99
Aware of two acceptable ways of preventing HIV/AIDS	77	241	122	297
Base-All respondents	77	250	125	308
Percentage	100.0	96.4	97.6	99.0
Condoms prevent HIV/AIDS	74	228	118	295
Base-All respondents	77	250	125	300
Percentage	96.1	91.2	94.4	98.33
Sexual intercourse with non regular partner last year	26	80	36	105
Base-All respondents	77	250	125	300
Percentage	33.8	32.0	28.8	350
Condom use during last non-regular sexual intercourse	11	44	15	81
Base-Respondents reporting non-regular sex in the last 12 months	26	80	36	105
Percentage	42.3	55.0	41.7	77.1
Condom use during last paid sexual intercourse				
Base-Respondents reporting paid sex in the last 12 months				
Percentage				
Condom use during last non-regular sex with casual partner				
Base-Respondents reporting causal sex in the last 12 months				
Percentage				
Symptoms of urethritis in the last 12 months	6	11	37	16
Base-All respondents	77	250	125	300
Percentage	7.8	4.4	29.6	5.3
Last treatment from qualified allopathic doctor/clinic	2	7	12	12
Base-Respondents reporting symptoms of urethritis in the last 12 months	6	11	37	16
Percentage	33.3	6.7	32.4	75.0

BSS Indicators - A Comprehensive Table

Female Factory Workers, Male and Female Migrant Labourers

Indicators	FFW							MML	FML
	BSS 1	BSS 2	BSS 3	BSS 4	BSS 5	BSS 6	BSS 7	BSS 7	BSS 7
Sample Covered	1873	1691	1720	1607	1609	1607	1600	350	250
Atleast two acceptable ways of preventing STD	946	1209	793	756	853	916	1480	313	225
Base-All respondents	1873	1691	1720	1607	1609	1607	1602	350	250
Percentage	51.0	71.0	46.1	47.0	53.0	57.0	92.4	89.4	90.0
Condoms prevent STD	623	801	479	470	519	623	1240	319	208
Base-All respondents	1873	1691	1720	1607	1609	1607	1602	350	250
Percentage	33.0	47.0	27.8	29.2	32.6	38.8	77.4	91.1	95.6
Aware of two acceptable ways of preventing HIV/AIDS	1523	1583	1533	1458	1564	1585	1560	340	239
Base-All respondents	1873	1691	1720	1607	1609	1607	1602	350	250
Percentage	81.0	94.0	89.1	90.7	97.2	98.6	97.4	97.1	95.6
Condoms prevent HIV/AIDS	1045	1065	876	826	952	1044	1299	333	205
Base-All respondents	1873	1691	1720	1607	1609	1607	1602	350	250
Percentage	56.0	63.0	50.9	51.4	59.2	64.9	81.1	95.1	82.0
Sexual intercourse with non-regular partner last year	51	23	19	24	34	23	40	64	7
Base-All respondents	1873	1691	1720	1607	1609	1607	1607	350	250
Percentage	3.0	1.4	1.1	1.5	2.1	1.4	2.5	18.3	2.8
Condom use during last non-regular sexual intercourse	10	3	5	7	9	8	18	37	5
Base-Respondents reporting non-regular sex in the last 12 months	51	23	19	24	34	23	40	64	7
Percentage	20.0	13.0	26.3	29.2	26.4	34.8	45.0	57.8	71.4
Sexual intercourse with a non-regular partner								45	
Base-All Respondents								350	
Percentage								12.9	
Condom use during last paid sexual intercourse								34	
Base-Respondents reporting paid sex in the last 12 months								45	
Percentage								75.6	
Sexual intercourse with a casual partner								29	
Base-All Respondents								350	
Percentage								8.3	
Condom use during last non-regular sex with casual partner								7	
Base-Respondents reporting causal sex in the last 12 months								29	
Percentage								24.1	
Symptoms of urethritis in the last 12 months								10	
Base-All respondents								350	
Percentage								2.9	
Last treatment from qualified allopathic doctor/clinic								7	
Base-Respondents reporting symptoms of urethritis in the last 12 months								10	
Percentage								70.0	

BSS Indicators- A Comprehensive Table
Female Factory Workers, Male and Female Migrant Labourers (contd.)

Indicators	FFW							MML	FML
	BSS 1	BSS 2	BSS 3	BSS 4	BSS 5	BSS 6	BSS 7	BSS 7	BSS 7
Risk perceived (high/slight changes of contracting HIV/AIDS)	25	15	19	10	15	11	9	19	2
Base-Respondents reporting no condom use during last non-regular sex	41	20	27	17	25	15	18	27	2
Percentage	61.0	71.0	70.4	58.8	60.0	73.3	50.0	70.4	100
Number of people tested for HIV/AIDS						10	50	8	3
Base-All Respondents						1607	1600	350	250
Percentage						0.6	3.1	2.3	1.2
Number of respondents who underwent test for HIV/AIDS voluntarily						10	42	8	3
Base - Respondents reported tested for HIV/AIDS						10	50	8	3
Percentage						100	84.0	100	100
Number of respondents who are counseled for either before or after HIV/AIDS test						2	32	3	3
Base-Respondents who reported tested for HIV/AIDS						10	50	8	3
Percentage						20.0	64.0	37.5	100

BSS Indicators - Male STD Clinic Attendees - Tamil Nadu

Indicators	MSTD						
	Wave 1	Wave 2	Wave 3	Wave 4	Wave 5	Wave 6	Wave 7
	639	641	636	605	603	601	601
Atleast two acceptable ways of preventing STD	587	601	625	597	589	580	587
Base-All respondents	639	641	636	605	603	601	601
Percentage	92.0	94.0	98.3	98.7	97.7	96.5	97.7
Condoms prevent STD	524	557	617	595	578	553	554
Base-All respondents	639	641	636	605	603	601	601
Percentage	82.0	87.0	97.0	98.3	95.8	92.0	92.2
Aware of two acceptable ways of preventing HIV/AIDS	585	604	639	600	599	591	596
Base-All respondents	639	641	636	605	603	601	601
Percentage	92.0	94.0	99.1	99.2	99.3	98.3	99.2
Condoms prevent HIV/AIDS	504	541	615	578	582	573	563
Base-All respondents	639	641	636	605	603	601	93.7
Percentage	79.0	84.0	96.7	95.5	96.5	95.3	601
Sexual intercourse with non regular partner last year	526	563	579	539	516	440	447
Base-All respondents	639	641	636	605	603	601	601
Percentage	82	88	91	89.1	85.6	73.2	74.3
Condom use during last non-regular sexual intercourse	63	98	73	80	98	48	115
Base-Respondents reporting non-regular sex in the last 12 months	526	563	579	539	516	440	447
Percentage	12	17	12.6	14.8	19.0	10.9	25.7

BSS Indicators- Male STD Clinic Attendees - Tamil Nadu (contd.)

Indicators	MSTD						
	Wave 1	Wave 2	Wave 3	Wave 4	Wave 5	Wave 6	Wave 7
Condom use during last paid sexual intercourse	48	84	67	69	87	40	104
Base-Respondents reporting paid sex in the last 12 months	381	427	392	349	371	374	356
Percentage	13	20	17	19.7	23.4	10.7	29.2
Condom use during last non-regular sex with casual partner	14	12	6	19	25	9	17
Base-Respondents reporting causal sex in the last 12 months	145	132	182	292	251	128	157
Percentage	10	9	3	6.5	10.0	7.0	10.8
Symptoms of urethritis in the last 12 months	435	326	361	304	356	475	475
Base-All respondents	639	641	636	605	603	601	601
Percentage	65	51	38	50.2	59.0	79.0	79.0
Last treatment from qualified allopathic doctor/clinic	344	225	257	224	259	199	147
Base-Respondents reporting symptoms of urethritis in the last 12 months	435	326	361	304	356	475	601
Percentage	79	69	71.1	73.7	72.7	41.9	24.1
Risk perceived (high/slight changesof contracting HIV/AIDS)	120	117	151	146	137	86	102
Base-Respondents reporting no condom use during last non-regular sex	463	465	505	459	418	392	332
Percentage	26	25	30	31.8	32.8	22.0	30.7

Additional Indicators - Men Having Sex with Men

Indicators	BSS 6	BSS 7
Base :	125	300
Homo Sexual Behaviour		
Sexual intercourse with male sexual partner last year	125	300
Base-All respondents	125	300
Percentage	100	100
Condom use during last anal sex with male partner	38	99
Base-Involved in anal sex with any male partner	85	214
Percentage	44.7	46.3
Condom use during last anal sex with male regular partner	19	22
Base-Involved in anal sex with male regular partner	46	98
Percentage	41.3	22.5
Condom use during last anal sex with male paid partner	19	70
Base-Involved in anal sex with male paid partner	35	120
Percentage	54.3	58.3
Condom use during last anal sex with male casual partner	8	29
Base-Involved in anal sex with male casual partner	26	147
Percentage	30.8	19.7
Risk Perception		
Risk perceived (high/slight changes of contracting HIV/AIDS)	8	11
Base-Respondents reporting no condom use during last anal sex with non regular male partner	31	215
Percentage	25.8	5.1
Risk perceived (high/slight changes of contracting HIV/AIDS)	9	43
Base-Respondents reporting no condom use during last sex with non regular female partner	33	98
Percentage	27.3	43.9

Additional Indicators - Men Having Sex with Men (contd.)

Indicators	BSS 6	BSS 7
Risk perceived (high/slight changes of contracting HIV/AIDS)	14	7
Base-Respondents reporting no condom use during last anal sex with non-regular male partner and with non-regular female partner	41	88
Percentage	34.1	8.0
Risk perceived (high/slight changes of contracting HIV/AIDS)	21	57
Base-Respondents reporting no condom use in the last anal sex with a male partner	85	214
Percentage	24.7	26.6
Number of people tested for HIV/AIDS	22	16
Base-All Respondents	125	300
Percentage	17.6	5.3
Number of respondents who underwent test for HIV/AIDS voluntarily	15	14
Base - Respondents reported tested for HIV/AIDS	22	16
Percentage	68.2	87.5
Number of respondents who are counseled for either before or after HIV/AIDS test	17	9
Base-Respondents who reported tested for HIV/AIDS	22	14
Percentage	77.3	64.3

Additional Indicators - Male injecting drug users

Indicators	BSS 6	BSS 7
Base :	77	250
Sexual intercourse with male sexual partner last year	9	11
Base-All respondents	77	250
Percentage	11.7	4.4
Condom use during last anal sex with male partner	1	0
Base-Respondents reporting anal sex with male partner in the last 12 months	1	4
Percentage	100	0
Drug User Behaviour		
Sharing the needle during injecting illegal drugs in the last 12 months	68	164
Base- All respondents	77	250
Percentage	88.3	65.6
Have access to sterile needles/syringes when they injected in the last one month	77	235
Base-All respondents	77	250
Percentage	100	94.0
Risk Perception Indicators		
Risk perceived (high/slight changes of contracting HIV/AIDS)	16	90
Base-Respondents reporting sharing of unsterile needles in the last one month	68	164
Percentage	23.5	54.9
Risk perceived (high/slight changes of contracting HIV/AIDS)	14	95
Base-Respondents reporting sharing of unsterile needles in the last one month and not using condom during the non-regular sex in the last one year	57	185
Percentage	24.6	51.3
Risk perceived (high/slight changes of contracting HIV/AIDS)	13	43
Base-Respondents not using condom during the non-regular sex in the last one year	39	77
Percentage	33.3	55.8
Risk perceived (high/slight changes of contracting HIV/AIDS)	0	2
Base-Respondents not using condom during the last anal sex with a male partner	1	4
Percentage	0	50.0
Number of people tested for HIV/AIDS	4	53
Base-All Respondents	77	250
Percentage	5.2	21.2
Number of respondents who underwent test for HIV/AIDS voluntarily	4	43
Base - Respondents reported tested for HIV/AIDS	4	53
Percentage	100	81.1
Number of respondents who are counseled for either before or after HIV/AIDS test	3	34
Base-Respondents who reported tested for HIV/AIDS	4	250
Percentage	75.0	13.6

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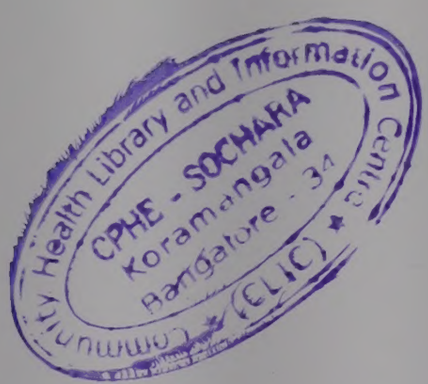
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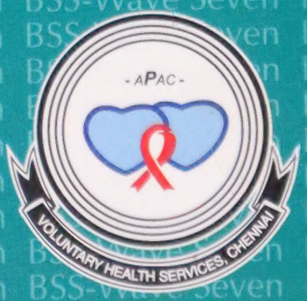

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